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ARTICLE I.

ON UNDESCRIBED FORMS OF ACUTE MANIACAL DISEASE.—By I. RAY, M. D., Superintendent of Butler Hospital, R. I. *Read before the Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853;*

At the meeting of this Association in 1849, a paper was read by Dr. Bell upon a form of maniacal disease which, in his opinion, had never been distinctly recognized. From the discussion which followed the reading of the paper it appeared that, with one or two exceptions, no one felt sure that he had ever met with the disease in his own practice. At subsequent meetings of the Association, however,—at all of which it has been made a subject of discussion,—several members have spoken of its having been recognized by them; and at the last meeting, a paper describing several cases was read by Dr. Worthington. The subject is well worthy of our attention, and in the present state of our knowledge no additional fact can be entirely destitute of value.

The precise question raised by Dr. Bell in the paper referred to, I apprehend to be this, viz., whether the disorder he describes is marked by a certain uniformity of character by which it is readily recognized and distinguished from all other disorders, just as typhoid fever is distinguished from all other fevers; or is merely one of those manifestations of cerebral disease, which are so various in their characters as to defy every attempt to group them by any common bond of affiliation, besides the negative one of being something more or less different from acute mania as defined by medical authorities. No one, I think, can have failed to observe that cases of cerebral disease accompanied by mental derangement, but differing very widely from the ordinary phases of mania are of frequent occurrence in our hospitals for the insane. It is not quite obvious whether Dr. Bell intended to embrace all these anomalous cases within the general form which he describes, or referred to a certain portion only. If, however, he recognized the fact that many of them could not properly be associated with the group he established, then the precise distinction between them is not so clearly indicated as to prevent any doubt or discrepancy of opinion. The thoughtful observer, when his attention is once carefully directed to the subject, may meet with successive cases which he recognizes, without a doubt, as belonging to this form of disease; but sooner or later he meets with others which lack some of its strongest traits, while they are certainly not what is generally understood as acute mania. Obviously, therefore, any attempt to classify the various forms of cerebral disease in which mental derangement is a prominent symptom, must fail, without clear and precise ideas of what acute mania really is, and what it is not. Curiously enough, books on insanity furnish us with

no light on this point, principally for the reason, I suppose, that their authors had a very limited practical acquaintance with the disease. The specific distinctions which have been made by nosologists, refer, almost entirely, to the mental manifestations, while the broad field that lies between unequivocal mania and unequivocal cerebral inflammation, has seldom been traversed by intelligent inquirers.

The characters which distinguish the new form of disease from mania, are, according to Dr. Bell, the following. "1. The mental disturbance is rather delirium than mania. 2. The appetite and digestion in mania are usually good, or præternatural, when the system is undisturbed by medicinal agents. 3. In mania, the sleep, however much abridged, is still existent. 4. Mania scarcely, if ever, has a duration short of two months, is preceded by strangeness and other doubtful signs,—rarely if ever, having a decidedly acute onset, and perhaps, is always followed by a period of depressed spirits. 5. Mania rarely, if ever, terminates in death, while this is a very fatal form of disease. 6. The bodily strength in mania is maintained from first to last. Here the immense collapse, except under the wild, although confused excitement of apprehended danger, is presented within the first few days,—perhaps forms the very earliest token of disease."

The characters here attributed to mania are, unquestionably found in a great majority of cases, but in regard to each and to all, the exceptions are not unfrequent. In proper mania, the aberrations are occasionally those of delirium,—and the fact is sufficiently frequent, perhaps, to destroy its value as a diagnostic symptom. In the first stage of a case of mania when rapidly developed, the appetite, according to my impressions, is oftener poor

than otherwise. The utter loss of sleep which is witnessed day after day, and night after night, in Dr. Bell's disease, is certainly a very strong peculiarity, but I am not sure that the same event does not sometimes occur in mania. In regard to the duration of mania, I apprehend that the common opinion among men much conversant with insanity, would hardly sustain the statement, that it rarely, if ever, is less than two months, reckoning from the first intimations of disorder to the complete establishment of convalescence. In regard to the onset of mania, I can call to mind cases where it was as sudden and abrupt, as in any of the new disease; and where, too, the excitement was not followed by any obvious depression. That cases of mental disease, having no affinity to this new form, sometimes terminate in death, is a fact which I had supposed to be confirmed by the common experience of the profession; and in those cases, it is also noticed that the bodily strength sensibly diminishes.

If now it be replied that these apparent exceptions to the general rule, were not really mania, but something else, the question then comes back to us, what is mania, and until this point is settled, we shall only be reasoning in a circle. Neither is the difficulty entirely disposed of by the fact that, while the above mentioned traits may, individually, appear in other forms of mental disorder, their association in the same case characterizes a special form of disease. This we are not inclined to deny, but how are we to dispose of those cases in which some members of the series are absent, for this happens too often to be regarded in the light of an unimportant exception. The force of the objection will be more apparent, however, in the accounts of some actual cases which I condense from our case-book.

*Case 1, Jan'y 13, 1851.* Admitted E. D., a female factory operative, 33 yrs. old. Always of rather a spare, thin habit, she began to have, about a year since, what her friends call "nervous spells," in which she seemed much excited, talking wildly and a little incoherently. They continued but a day or two, and then she resumed her employment, seeming however rather depressed. Is now in one of these states of depression following excitement, which began a week ago, but the depression, for a day or two past, has been a state of apparent unconsciousness. From this time forward, she occasionally roused herself and asked where she was, but with that exception noticed nothing, lying quietly in bed. Pulse ranged from 70 to 85, and sometimes rather full, tongue heavily coated, food loathed and rejected, and bowels costive.—How much she slept, could not be ascertained, though the record speaks, one day, of her being in a deep sleep. On the seventh day, one cheek began to swell, and shortly after, pointed and discharged. At this period too, she became a little more restless, and on the tenth day died.

*Case 2. Feb'y 25, 1851, admitted L. S., married woman, aged 44, large, stout and muscular, with nervous temperament. Has exhibited indications of alienation for a month or two, her friends think, in doing her work in peculiar ways, leaving her house at unreasonable hours, &c. Became much interested in a "revival of religion" that was going on in her village, and about ten days since, thought she had experienced religion and was very happy. Next day feared she had deceived herself and committed the unpardonable sin, and became agitated and restless. Finally, showing some suicidal disposition, she was removed from home, and placed in*

the hospital where she died the fourth day after admission. During this time, her look was anxious and bewildered, often groaning and wringing her hands, seldom setting down, and bent on passing through every door that was opened. Said but little, and that was marked with incoherence. Refused food which she said was poisoned, bowels costive, tongue coated, pulse small and frequent. Was supposed to have slept a little one night if not two, but was generally found standing up and groaning. On the fourth day after admission, not appearing quite so strong, she was persuaded to lie down. Soon after, her breathing became laborious, her countenance changed, and within an hour, she died.

These two cases, it will be observed, did not present that prominent, if not essential, feature of Bell's disease, a very sudden onset, but the explosion was preceded by a well-marked mental disturbance of some duration. Neither did they present that other prominent feature—excitement followed by collapse. In other respects, the loathing of food, the loss of sleep, the delirious character of the thoughts, the brief duration, they are conformable to Bell's description. If they are, consequently, not to be considered as instances of the new form of disease, the question comes up, whether they can more properly be regarded as acute mania. If they belong to neither the one nor the other, they must represent another form of disease, unless we conclude to enlarge the boundaries of those already established.

*Case 3.* A. T. W. G. admitted August 11, 1852, a young man aged 20, farmer. About two months ago, he began to talk about some machinery of which he had formed the plans in his head, and which, though perfectly absurd, he was desirous to get patented. This notion

absorbed all his attention, and he abandoned his farm entirely. In the prosecution of his favorite object he came to Boston, and stayed with two brothers to whom he was incessantly talking about his plans. They regarded him as insane, and watched him narrowly, and as he was very restless, one of them walked about the city with him all day yesterday. In the evening he slipped away, got into a street fight and was arrested by the police. This morning he came down in the cars quietly, though knowing for what purpose; walked over from the station (a distance of three miles), and said he was willing to stay.

Soon after admission, he assaulted another patient and when the attendant interfered, turned upon him. Ate his dinner and supper, slept somewhat in the night, and was quiet till four o'clock when he became quite noisy. Ate his breakfast, inquired about his brothers, and asked the attendant, if he should ever get well. Discourse rather incoherent, pulse frequent, tongue slightly coated. He soon became much excited, and continued so during the day, and subsequent night. He was noisy through the night, and probably slept none. In the morning he appeared very languid and not easily roused. He took some brandy, became noisy for about half an hour, then again became languid, and in the course of an hour died.

In this case there was a well-marked incubation of the disease, there was no collapse, and the discourse was generally not delirious. With this exception, it manifested the features of Bell's disease, while the short duration and sudden death on the other hand, show it not to be mania.

*Case 4.* M. A., a female servant aged about 40, admitted April 18, 1850. Two days before, suddenly be-

came highly excited, and destroyed much furniture. Is in good condition, and has previously been in good health. Is now still and taciturn. Pulse frequent, but not small. Refused all food for several days, and it was given by the tube. Tongue coated, and secretions of the mouth intolerably fetid. In this condition she remained without much change, except that occasionally she roused from her torpid state and became rather noisy for an hour or two, until the 30th. At this date some erysipelatous inflammation appeared about the right side of the face, particularly the lip. Next day inflammation had extended to the other side, quiet all day, but towards evening, breathed heavily, and was not easily roused. Died next morning—the fourteenth after admission.

This case had a sudden onset and a short duration, delirium and loathing of food, but it wanted those prominent features of Bell's disease, excitement followed by collapse, the shrunken face, and rapid emaciation. The erysipelas was obviously not the cause of death, but rather a result of that peculiar condition of the system which led to death.

*Case 5.* C. W., aged 36, married, youngest child three months old, was admitted March 30, 1839. About three weeks since, observed to be low-spirited, and within a day or two her discourse became obviously insane. "Mind ran upon every thing," said the friends, "although occasionally, pretty straight." For a week past has had no calm and quiet intervals. Countenance pale and haggard with a bewildered expression. Pulse small and frequent, tongue dry and coated, no appetite, has taken no food for two days. Says but little, and that is delirious. Previous to this attack has been regarded as in very good health. Has the aspect of great

physical weakness. She continued with little alteration except steadily getting weaker, until the fourth day after admission, when she died.

The invasion of the disease was here not so sudden as in Bell's cases—not more so perhaps than happens in many cases of mania—but in every other respect, it showed more affinity to them than to mania, especially in the rapid consumption of the vital energies.

*Case 6.* S. L., admitted Feb'y 21, 1851, male, printer, aged 36. Lately much interested in religious matters. Four days ago, without the least premonition, he suddenly became wild and boisterous, declaring he had a call to preach, and was disposed to run into the streets. Has continued ever since quite wild and violent, without sleep or food. A small, spare man but in good condition, countenance tolerably bright, pulse 80. Tranquil now, denies that he is insane, but is willing to stay. Continued calm during the day, and talked with some degree of correctness, but became excited towards night. For seven or eight days the excitement continued, the mind rambling, but when the attention was arrested, would return a pertinent answer. He slept but little and seldom took food voluntarily, but once or twice he called for certain articles and ate them. Pulse seldom rose above eighty, countenance pale, but not shrunken nor haggard. From this period he rapidly improved, and within ten or twelve days, every trace of delusion and irregularity vanished, and his physical energies were very little reduced. He steadily improved and in about six weeks was discharged.

This case differed from Bell's in three important points—the aberrations at first were less delirious than maniacal, the pulse was neither small nor very frequent, and

the excitement was followed by very little reaction. On the other hand, the sudden invasion, the loathing of food, the rapid, clear and steady convalescence, without excitement or depression, are an association of features seldom witnessed in mania.

*Case 7.* V. R. S., aged 37, superintendent of a railroad, admitted April 10, 1850. Attended a railroad convention at Philadelphia last week, became much interested in the questions discussed, but lost his sleep, and took but little food. For some years has been supposed to have disorder of the liver or bowels, has taken much medicine, and thought his life precarious. Yesterday morning went to his office as usual, but in the forenoon, he became so wild and disorderly, that they carried him home. This condition has continued ever since, and he comes into the house vociferating, struggling and apparently unconscious. For two days this intense excitement continued unabated night and day. Refused food, pulse 80, tongue dry and coated, skin moist. On the morning of the third day after admission, he was found asleep, was roused, took some nourishment, and again went to sleep. In the course of an hour or two, his pulse was 66, he began to breathe heavily, and his sleep seemed to be comatose. In this way he remained, three or four hours, when he died.

Here the sudden onset and the rapid progress of the disease forbid us from regarding this case as one of mania, while it also wants, the quick, small pulse, the pale, shrunken features, and the marked collapse, which distinguish Bell's disease. It would not remove the difficulty to call it meningitis, because this pathological condition is present, no doubt, in many cases of acute mania, and has been found, to some extent, in every

case of Bell's disease, where the brain has been inspected after death. In this connexion, I may allude to the absence of any mention of the pathological state of the brain after death, in the cases above related. In not a single instance have I had an opportunity to make a *post mortem* examination, but this deficiency is the less to be regretted, because we have every reason to believe that such examinations would have thrown no additional light on the disease. The only pathological change that has been discovered after death in Bell's disease, has been a little meningitis, and the closest inspection after death in many other forms of maniacal disorder, seldom discovers much more. Although, by no means disposed to question the utility of pathological anatomy in advancing our knowledge of diseased action, yet I apprehend that no one would expect to derive from it much light on those conditions which constitute the essential difference between closely related forms of cerebral disease.

I might multiply examples, but enough have been given, to justify the doubt, whether all the anomalous cases of acute maniacal disease, which are now so frequently witnessed in our hospitals for the insane, can be properly referred to that form of it which has been described by Dr. Bell. Until our actual knowledge of acute maniacal affections shall be accurately collated and compared, one contribution with another, we shall be unable to say, with any degree of precision, how extensively they prevail, nor to fix their relations to one another. The phraseology which is used in our hospital reports in describing pathological conditions incident to insanity, is not sufficiently precise to be made the ground of any opinion respecting their character. We have reason to believe, however, that cases distinguished by a rapid progress and a strongly-

marked asthenic condition, are of no unfrequent occurrence. Dr. Benedict, of the Utica Asylum, in his last report, includes in his admissions, eleven cases of what he terms *exhaustive mania*. In the discussion which followed the reading of Dr. Worthington's paper at the last meeting of the Association, Dr. Benedict expressed the opinion, that the form of disease here indicated was identical with that of Dr. Bell. The only fact mentioned in his report respecting it, is that they all recovered. Now, after making every allowance for diversity of treatment, this fact alone would throw much doubt upon their identity, since nearly all Dr. Bell's cases were fatal. No one, I apprehend, would contend for the identity of any two forms of disease, one of which usually terminated in death, and the other, in recovery.

Dr. A. V. Williams, has described a class of cases\* which he would refer to the same type, as those of Dr. Bell. He thinks it is distinguished from other forms of maniacal affection, by its strongly typhoid character, and accordingly, he terms it *typhomania*. "The bodily disease or prostration," he says, "is so great that the question we ask ourselves is, will the patient live?" He observed it frequently among the emigrants on Blackwell's Island, just landed from ships in which typhus fever had been rife during the voyage, and he thinks that Dr. Bell may have witnessed it more frequently than the rest of us, because of his living in a typhoid region. Dr. Ranney, who had observed it in the same locality, dwells upon its typhoid character, and at first thought it a combination of typhus with mania.†

That these gentlemen have observed a form of disease very different from that of mania, of course is not to be

\* Amer. Journal of Insanity, vol. viii, p. 145. † Ibid. vol. vii. p. 43.

doubted; but I am not quite satisfied that they are correct in identifying it with Bell's disease. Comparing their descriptions of the one with my own observations of the other, I can see no other resemblance between them, beyond an agreement in one or two particular points. Dr. Bell regards the sudden outbreak of the disease, as one of its most constant and distinctive points. "There are no antecedents of questionable actions and conversations," he says, "as are almost always described in common cases, or even in the most rapidly developed instances of acute mania." Dr. Williams says, that in its commencement, "the patients would, perhaps, exhibit mere irritability, and become quarrelsome." "The type of the aberration," says Dr. Bell, "is the low muttering of typhoid fever." Dr. Williams says, "the mental symptoms are those of some persons in a state of intoxication verging towards stupor." Bell says, the disease runs its course, terminating in death or convalescence, in two or three weeks. Dr. Ranney says, "a crisis occurs in three or four weeks from the attack, the disease terminating in death, or a gradual subsidence of the typhoid symptoms taking place." Dr. Williams says, that in 1849, out of a number of cases which he observed on Blackwell's island, not one died. Dr. Bell represents the proportion of recoveries as very small. Dr. Williams regards it as having a typhoid origin, and certainly in his description, it has a very typhoid aspect. There is not the slightest reason for supposing a typhoid origin, in New-England, nor has it struck me that extreme debility, is among the most prominent features of the disease. And again, no mere identity of name can blind us to the difference that must necessarily exist under such different circumstances. On the one hand, a disease prevails epidemically among a class of people whose vital powers have been reduced by all manner of hardship, and by

exposure to pestilential influences; on the other, it occurs sporadically—as often among persons of easy circumstances, as those who are familiar with suffering, and prone to disorder. We know, if we know any thing of disease, that it is not always easy to indicate the essential pathological condition, by particular symptoms, while the practiced eye may discern it at a glance. And the reason is, because this condition is revealed, not so much by a pain here or an obstruction there, as by the general expression of the patient—the pathognomy of the disease. Thus, while the same description might apply to two different cases, with tolerable exactness, a little personal observation would show an essential difference between them,—a difference involving the question of treatment, and pointing to a different result. I believe, therefore, that if Dr. Williams or Dr. Ranney had personally observed the cases described by Dr. Bell, they could not have failed to perceive a great difference in the pathological condition, between them and the emigrants on Blackwell's island.

Abercrombie\* has described what he calls “a dangerous modification” of meningitis which is apt to be mistaken for mania, or, in females, for a modification of hysteria. “It sometimes,” he says, “commences with depression of spirits, which, after a short time, passes off very suddenly, and is at once succeeded by an unusual degree of cheerfulness, rapidly followed by maniacal excitement. In other cases, these preliminary stages are less remarkable; the affection, when it first excites attention, being in its more confirmed form. This is in general distinguished by remarkable quickness of manner, rapid, incessant talking, and rambling from one subject to another,

\* Diseases of the Brain, &c. p. 80. First Amer. Ed.

with obstinate watchfulness, and a small, frequent pulse." "The progress of the affection," he says, "is generally rapid; in some instances it passes into convulsion and coma; but in general, it is fatal by a sudden sinking of the vital powers, supervening upon the high excitement, without coma. The principal morbid appearance is a highly vascular state of the pia mater." The treatment which he found to be most successful, consisted in stimulants. Among the cases described, it will be sufficient for the present purpose, to quote the following:

"A lady, aged 23, had suffered much distress, from the death of a sister, and been affected, in consequence, with impaired appetite and want of sleep; this had gone on, for about two months, when, on the fourth of August, 1825, she sent for Dr. Kellie, and said she wished to consult him about her stomach. He found her rambling from one subject to another, with extreme rapidity and considerable incoherence, and on the fifth, she was in a state of the highest excitement, with incessant talking, alternating with screaming and singing; pulse from 80 to 90. In the evening she became suddenly calm, and quite sensible after an opiate; continued so for an hour or more, then fell asleep, and after sleeping two hours, awoke in the same state of excitement as before. The same symptoms continued on the sixth; the pulse, in the morning, was little affected, but after this time, it became small and very rapid. On the seventh, after a night of great and constant excitement, she had another lucid interval, but her pulse was now 150. The excitement soon returned, and continued till four P. M. when she fell asleep. She awoke about eight, calm and collected, but with an evident tendency to coma; pulse 150, and small. She now took food and wine, and passed the night partly in a state of similar excitement, and partly comatose; and died

about midday of the eighth, having continued to talk incoherently, but knowing those about her, and, in general, understanding what was said to her."

The only change discovered in the brain, was a little vascularity of the pia mater.

We have here the essential features of Bell's disease,—sudden invasion, delirium, rapid progress, and excitement followed by collapse;—and the identity is no less apparent in the subordinate points—the small, quick pulse, and the appearance of the membranes. It is a noticeable fact, however, that Abercrombie never utters a suspicion that these cases may have had a typhoid origin.

Whatever opinions we may adopt respecting the particular point at issue, I think we cannot help being struck by the frequent association of extreme asthenia with acute cerebral disease, and the unanimous testimony in favor of a stimulating treatment. The lesson which the fact conveys, is peculiarly needed in the therapeutics of the present day, when disease of the brain, especially if manifested by intense excitement, is always connected with the idea of inflammation and vigorous depletion. Almost two centuries, dating from Sydenham, of active and uninterrupted belief in the inseparability of these two ideas, have impressed it upon the Anglo-Saxon mind, as a truth as far beyond the reach of question as any proposition in Euclid. The fact was illustrated in one or two of the cases related by Dr. Bell, and few of us, I imagine, can say that similar instances have not frequently come to our knowledge. Dr. Abercrombie discovered that the stimulating treatment was the only one that promised the least success in the class of cases already referred to; and it is quite obvious that he regarded the fact as anomalous, and one to be applied with care and caution. Whether

owing to an entire mistake respecting the results of treatment, or to a change in what is called, (not very correctly) the type of disease, there is obviously a tendency quietly gaining strength, to a more stimulating method of treatment in diseases generally, instead of the antiphlogistic regimen which in some degree or other, has been applied to the great majority of cases. Still, even while we theoretically assent to the principle, we need the discipline which the treatment of acute maniacal diseases furnishes, to make us fully sensible of its value.

Let it not be supposed that we are overrating the importance of the subject under discussion, nor think it a matter of indifference what name we choose to bestow upon a certain class of cases. In the practice of medicine, names are every thing. Here and there a reflecting mind will escape their influence, but over the great majority of men they hold undisputed dominion. Precision, accuracy, sagacious discrimination, are essential to success in any scientific pursuit, and pre-eminently so, in medicine. In the present instance there is another reason for a thorough knowledge of points that may, at first thought, be regarded as comparatively trivial. When a case like those we have been describing, is placed under our care, it deeply concerns the safety of the patient, the peace of his friends, and our own reputation, whether, presuming on the recency of the attack and the previous good health, we utter a very favorable prognosis, or, discerning the true character of the case, at once, we warn the friends of the probable result, and save ourselves from disappointment and mortification.

## ARTICLE II.

ON A COURT OF MEDICAL EXPERTS IN CASES OF INSANITY. "*The advantage and expediency of establishing by law, in each State or district, a board of commissioners of experts, for the purpose of investigating and testifying in trials, criminal and civil, where the questions of mental soundness are involved.*" By WM. H. STOKES, M. D., Physician to the Mount Hope Institution, Baltimore, Md. *Read before the Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853.*

It would be scarcely possible unduly to exaggerate the difficulties and embarrassments experienced, in most cases, by juries, where the plea of insanity is advanced in extenuation of crime, and where it becomes, consequently, necessary to examine medical witnesses for the purpose of enlightening them on points, concerning which they cannot be expected, by any previous knowledge, to be acquainted. Hence, the necessity for the inquiry, whether the ends of justice would not be promoted and juries assisted in the performance of their responsible duties by the appointment of a Board of Commissioners of experts, whose duty it should be, after a thorough examination of each case, to testify as to the validity of the grounds on which the plea rests.

It will conduce to a clear understanding of the important relations of this subject, and assist us in arriving at

a satisfactory conclusion on the question at issue, if we first pass briefly in review the course of procedure now generally adopted in our courts whenever the irresponsibility of an individual is sought to be established on account of a supposed mental impairment. By thus considering the operation of the present system, and the results flowing from it, we shall be better enabled to detect the inconsistencies and evils, if any, attaching to it.

In the majority of the States of this Union, as well as throughout most of Europe, when an individual has committed an offence, and insanity is alleged in his defence, one or more medical men are either summoned to attend at the trial, and hear the evidence of witnesses, or they are directed to hold an interview with the accused in the jail previous to the day of the trial, and from such opportunities of information, they are called upon the witness' stand to deliver an opinion as to the existence of insanity at the time of the commission of the act. The medical men are generally selected, either because the counsel happen to be acquainted with them, or because they are supposed to have had some knowledge of the accused. The selection is usually made irrespective of any peculiar fitness on their part. Their capability of forming a just, accurate, and unprejudiced opinion on the question at issue, it is well known, but rarely constitutes the ground of their appointment. The effect of such a course can be readily conceived. It constantly happens that as this matter is entirely under the control of the counsel, and the selection rests with him, motives of expediency alone govern and influence his actions. He is therefore careful to secure such professional men as are most likely to subserve his particular purpose, and they, flattered by the compliment thus paid their superior discernment, and the temporary importance it gives them,

are almost unconsciously led, by a little adroit preparation, and a statement of the facts it is expected to prove, to entertain views in accordance with the side the lawyer advocates. That there exist in our profession not a few, who are ready to compromise their independence under such circumstances, can hardly be denied—men who do not hesitate to testify for or against the insanity of an individual accused of a criminal offence, both without possessing a sufficient acquaintance with mental diseases to enable them to form a correct opinion, and without having enjoyed opportunities for that thorough and repeated examination of the case in question, which in numerous instances, is absolutely necessary, before an accurate and trustworthy judgment can be formed. Can we be surprised then, that men thus selected and summoned, without reference to any special qualifications, and without facilities for an adequate investigation of the case, to give evidence upon a point oftentimes of the most intricate and difficult character, instead of expressing the results of a dispassionate examination of scientific facts, but reflect the views and opinions of the counsel who require their attendance?

Even should the medical man be desirous of forming his opinion free from all prejudice and improper bias of this nature—should he wish to enter upon the examination of the accused uninfluenced by other considerations save the wish to arrive at the truth, and to discharge honestly and conscientiously his duty, he still finds himself embarrassed at the outset, by a want of familiarity with the subject of insanity. The majority of physicians have not given that attention to this department of disease, and have not received the necessary mental training, to qualify them for this duty. *Maladies of the mind*, with their multiplicity of shades and varieties, have con-

stituted no part of their medical education. That class of diseases, which is of all others the most intricate and obscure, and which to comprehend in their countless shades of difference and varieties of form, requires the nicest discrimination, the most accurate judgment; and the closest observation—this class has received no share of their attention and study. They are generally free to confess their want of all practical knowledge and experience in regard to them, and do not hesitate to abandon their treatment to others more conversant with them. The impression very justly prevails in the profession, that mental diseases require for their successful management, separation from home and its influences, and removal to an institution possessed of appropriate arrangements and means for their treatment. Hence few are willing to undertake to conduct the medical treatment of a case of insanity amid the inauspicious circumstances surrounding him at home. It is not therefore surprising, that practitioners in general are destitute of a practical acquaintance with this class of diseases. And yet in a case involving the most important interests—the reputation or the life of a fellow being—when his irresponsibility for an act of criminality is advocated on the ground of mental unsoundness, many flatter themselves into the belief of their being perfectly competent to express an unequivocal and decided opinion. In consequence of his want of familiarity with the intricacies and obscurities which invest the subject of insanity, and carried away by a dangerous presumption, and the dexterous management of ingenious counsel, it frequently happens that the physician is led to the expression of sentiments abounding in inconsistencies and absurdities. The reports of trials, in which the question of insanity is involved, present no scarcity of instances illustrative of the truth of this remark.

Then again, admitting the medical witness to possess a practical knowledge of insanity, it is almost impossible for him, as the matter is now managed, to arrive at a conclusion that should be considered satisfactory and deserving of confidence, in so important a case. As if to surround the accused with all the circumstances best calculated to embarrass the examiner, there exists the most unaccountable deficiency of every proper facility and opportunity for investigating the case. He is, perhaps, directed by the counsel to visit the arraigned party at the jail, and there, in the presence of one or more deputies, and surrounded by numerous other culprits, he is expected to determine at a single interview, and after a brief examination, the mental state, as to soundness or unsoundness, of the individual in question. If actually insane, the medical man may be again and again baffled in the most ingenious attempts to elicit it. In these formal interviews it may often happen, that the real condition of the mind, and well-marked and characteristic delusions, may be concealed from the most shrewd observer, and may successfully elude the best directed efforts to draw them forth. We all know with what dexterity the insane man, if he has a sufficient motive, can resist the manifestations and display of his disease,—how rationally he will discourse,—with what propriety he will conduct his movements and actions, and how very different he may appear when left to himself and unconscious of being observed.

Again, the time when the inquiry is conducted may be inopportune. Many only display their mental impairment under peculiar circumstances, at particular periods, and when a certain cord of feeling or train of thought is touched. In the absence of these, it may be impossible at a casual glance and on a hasty examination, to detect

the real malady. How inadequate are such means of inquiry, as those above alluded to, for the detection of moral insanity—those numerous instances in which the insane manifestation is merely found in the conduct, habits and acts, the reasoning powers being unaffected! No hurried examination will here suffice for determining the true nature of such cases. Here the most profound acquaintance with insanity in all its varying characters, and the nicest discernment, with all the advantages of a searching and repeated scrutiny, will be required to distinguish a mere eccentricity and irregularity of conduct, from that change of character and perversion of feeling which are the effects of disease. How lamentably deficient are the provisions of the law for the elucidation of all such cases, must be apparent to every one. However competent may be the medical witness for the task, the ends of justice are at present sure to be often defeated, in consequence of the want of suitable arrangements and proper opportunities, provided by law, for a satisfactory investigation and appreciation of the case. To test and determine a question so replete with interest and importance as that relating to the true mental condition of an individual accused of a criminal offence, and, for whose release from the penalty attaching to it, the plea of insanity is presented, we would naturally suppose that the law would afford every facility for ensuring a free, full and dispassionate examination. For this purpose numerous visits, made at different and unexpected periods, when the accused could be seen alone and often, and at times when he is not aware of being observed, are imperatively necessary; and a wise and enlightened administration of the law should not be satisfied with anything short of this. But the present system and course of procedure are wholly at variance with

what is here shown to be required by the very nature of the case, and the essential characteristics of insanity.

Having, in the preceeding remarks, enumerated some of the evil consequences and disadvantages attending the practice at present authorized and countenanced by law, let us now proceed to examine into the expediency and propriety of the court establishing a board of commissioners of experts, constituted of persons wholly disinterested and practically acquainted with mental disorders, for the purpose of investigating and testifying in trials, criminal and civil, when the questions of mental soundness are involved. Having already, in the course of the foregoing remarks, presented some of the objections to the practice of taking opinions on this subject from witnesses specially selected by those who are to be benefited by their evidence, and who are professedly incompetent, by reason of a want of familiarity with diseases of the mind, and of sufficient opportunities for examining the case in question, it would be an unpardonable trespass upon the time and patience of this association, to enter upon a labored argument to demonstrate how much better the ends of justice would be subserved by leaving such questions to be decided by a board of experts of competent knowledge, and appointed under proper restrictions as to independence, &c. Here we have the only security for the proper performance of this duty, and it must be apparent, that, only under such an arrangement, can it be possible to ascertain satisfactorily the mental condition of a prisoner suspected of being insane.

By the appointment of such a board, consisting of two or more individuals entirely independent in their action, wholly disinterested and free from personal bias, the most essential aid and service would be rendered the

jury. It would be relieved of a weight of responsibility and difficulty that must be felt by every enlightened and conscientious jury, to be sorely oppressive, when required to decide on a case, amidst the conflicting opinions and contradictory statements of the medical witnesses.

To possess for their guidance, in a case of doubtful insanity, the matured results of a full and patient examination, made by a body of men who are known to have enjoyed unusual opportunities for studying the character and conduct of the insane, and who possess the qualities of mind necessary to enable them to profit by their observations and experience, the arduous task devolving upon them would be shorn of the fullest measure of its embarrassment. In the opinions of such, perfect confidence could be reposed, as it stands to reason that they who have made the ever-varying forms of mental disturbance their immediate care and study, must be better qualified to weigh the evidence for and against the reality of the alleged insanity, than those who have never had such opportunities, and who are consequently devoid of all practical knowledge of the subject. Does any one entertain the fear that the views emanating from such a source might exercise an undue ascendancy, and encroach upon the legitimate functions of the jury? It is difficult to imagine any just ground for such an apprehension. It is impossible to perceive what danger or inconvenience could result from the proposed arrangement on this score. The evidence of the board of experts would not decide the case; their opinion would go to the jury with the rest of the testimony, after having been analysed and sifted by the judge, and the jury would estimate its value in accordance with their oath. Far from its interfering, in the slightest measure, with the prerogatives and peculiar functions of the jury

box, it would still devolve upon the jury to consider and decide upon the true value and correctness of the conclusions thus arrived at. It has been well remarked that "the proper duty of the medical witness is to assist the court with his experience and advice to arrive at a just decision in the particular case ; it is not to say what symptoms are most frequently observed in insane persons, or to deliver abstract opinions on the nature of insanity generally, but to deal with the individual case ; to give the court reasons why he adopts the conclusions at which he has arrived ; to state, in fact, what are the particular circumstances which have led him to form his opinion of the case ; in other words, to say why he thinks the accused sane or insane, as the case may be, and then leave the jury to determine whether the reasons are sufficiently satisfactory to induce them to adopt his opinion."\* In the adoption of this course of procedure, there could be no good ground for a fear of their usurping the province of the jury. They would merely afford such assistance in guiding the jury to a right decision, which their more enlarged experience and practical acquaintance with a class of diseases the most difficult to understand, peculiarly qualifies them to yield ; and, indeed, without such assistance, there is the strongest probability "that they will be left to form their conclusions with the great danger to the cause of humanity and justice, of thinking more of the nature of the offence, than of the probable irresponsibility of the accused." That the danger here alluded to is not chimerical, abundant testimony is not wanting. The annals of criminal jurisprudence, unfortunately, teem with instances portraying the sad effects of forming a verdict without due reference to the state of mind in which the act was committed.

\* "Remarks on the Plea of Insanity, and on the Management of Criminal Lunatics," by Wm. Wood.

The clear, positive and practical views, emanating from a board so constituted, would thus tend to the protection from the extreme penalty of the law, of those whose acts have rather had their source in the afflictive dispensations of Divine Providence, than their own criminality. Their tendency would be to relieve such cases of much of the difficulty and perplexity incident to them, and, at the same time, to lighten the oppressive duties resting upon the jury. There would seem, therefore, to be no well-founded objection to such a change being engrafted upon our modes of criminal procedure, that when the plea of insanity is presented in extenuation of an offence against the laws, and the court entertain reasonable doubts of the person's sanity at the time, that he should be placed under the daily observation and surveillance of one or more experts, whose report should be received in evidence at the trial. The very fact of the existence of such a board, would have the salutary effect of deterring individuals from attempts to simulate insanity, for the purpose of escaping the just penalty of the law. Offenders, knowing they would be subjected to the keen scrutiny and searching analysis of those too long familiar with the genuine disease to be imposed upon or deceived by efforts to counterfeit it, and that every act, word and movement would be systematically watched, few would have the effrontery to subject themselves to so severe an ordeal. With such a legal provision for satisfactorily establishing or disproving the existence of insanity, members of the bar too would be less ready to plead this defence. No lawyer would be found so regardless of his own reputation and interests, as to hazard the attempt to shelter his client from the punishment attaching to his crime, without well-founded grounds for believing it could be successfully urged and sustained.

It would also tend to allay the morbid sensibility existing in community in reference to the dangerous consequences of the too ready admission of this plea. By such a salutary enactment, the public would possess a guarantee that the shield of protection, thrown by enlightened humanity around the unfortunate subject of a disordered intellect, would not be abused. The suspicions of the public upon this point would be removed, and that deep-rooted and growing prejudice with which every jury is now disposed to view this ground of defence, would be obviated or corrected. Thus in every view of the case, the cause of justice would be advanced and promoted, and by its general adoption, the plea of insanity would at once be rendered powerless of evil. In France, and in most of the German States, this course of procedure has been successfully engrafted upon their judicial proceedings, and its advantages and expediency are there recognized and established. In the State of Maine, this change has also been enacted in the ordinary methods of criminal procedure in cases where the accused is alleged to be insane. The act provides that, "When any person shall be charged with a criminal offence in this State, any judge of the court before which he or she is to be tried, on notice that a plea of insanity will be made, or when such plea is made in court, may, if he deem proper, order such person into the custody of the Superintendent of the Insane Hospital, to be by him detained and observed, until the further order of the court, in order that the truth or falsehood of the plea may be ascertained." A similar provision established by legal enactment, in all the different States, would doubtless tend greatly to further the cause of justice, and to relieve this department of criminal jurisprudence of one fertile source of mischief and perplexity.

## ARTICLE III.

## REPORTS OF FOREIGN INSTITUTIONS FOR THE INSANE.

1. *Rapport Statistique sur la Service Medicale &c. Statistical Report on the Medical Service of the private Asylum of Clermont, during the year 1851. Presented to the Prefects of the Departments of the Oise, of the Seine and Oise, of the Seine and Marne, of La Somme and L'Aisne. By DR. GUSTAVE LABITTE, Chief Physician. 4to 44 pp.*
2. *Reports of the Committee of Visitors and First Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wilts. Sec. Devises. 1852.*
3. *Report of the Committee of Visitors and Second Annual Report of the Medical Superintendent of the Asylum for the Insane Poor of the County of Wilts. Sec. Devises. 1853.*

I. This is the first French report that it has been our good fortune to meet with in a separate form since we took charge of the American Journal, and we may therefore be allowed to dwell upon it somewhat in detail.

Although a private asylum, it is evidently subject to government inspection, and is so acknowledged in the dedication.

There have been no less than 1147 insane under treatment during the year 1851.

	Males.	Females.	Total.
Remaining on the first of January, 1851.....	374	472	846
Received during the year,.....	148	153	301
	522	625	1,147
There were cured,.....	27	45	72
Withdrawn by friends or removed,.....	..	..	18
Deaths,.....	83	86	189
Of the whole number remaining on the 1st January, 1851, there were incurable,.....	322	419	741
Of those received during the year,.....	93	68	161
Total incurable,.....	415	487	902

Thus it appears that more than half of those admitted during 1851, were incurable at the time of their admission. The author explains this, by the fact that many indigent insane are kept by their families or friends until they become either perfectly helpless, or it may be, dangerous. There are daily admissions of persons so far advanced in cerebral affections, or so broken down by age, that no medical treatment promises to be of any use. He objects much to these admissions at this period of disease or of age.

Admissions during the seasons of the year:

	Males.	Females.	Total.
During the 2d and 3d quarters,.....	79	78	157
During the 1st and 4th quarters,.....	65	81	146

There were hence more admissions during warm weather than cold, but no certain inference can be drawn from this, since so large a number of the patients admitted had been subject to disease for a greater or less length of time.

*Causes.*—These do not differ from those of similar institutions. We reverse the usual order and first state that in 97 they are unknown.

Congenital organic affection of the brain, .....	31
Epilepsy, .....	15
Old age, .....	37
Hereditary, .....	8
Political events, .....	7
Family troubles, .....	28
Love and Jealousy, .....	17
Intemperance, .....	23
Religion, .....	7

The cases from excessive use of alcoholic drinks are altogether of the male sex.

Civil Condition.	Males.	Females.	Total.
Unmarried, .....	61	62	123
Married, .....	55	59	114
Widowed, .....	8	32	40
	124	143	277
* Unknown, .....	24		24

(We have corrected in this table an error in addition, the want of attention to which, mars the utility of many of the most valuable reports.)

*Occupations.*—The great majority of these patients are of course the indigent, and registered as such. We notice however,

Of the professions of law and medicine,.....	11
Farmers,.....	18
Merchants,.....	5
Mechanics of every description,.....	65

Another table is devoted to the length of time that the patients dismissed *cured* (72) have been under treatment.

	Males.	Females.	Total.
During the 1st month,.....	6	4	10
During the 2d month,.....	4	8	12
During the 2d quarter,.....	3	11	14
During the 3d quarter,.....	4	6	10
During the 4th quarter,.....	4	2	6
Total during the 1st year,.....	21	31	52
During the 2d year and beyond,.....	6	14	20
	27	55	72

The mental disease in each of these was as follows :

	Males.	Females.	Total.
General insanity,.....	3	10	13
Partial insanity,.....	15	26	41
Chronic partial insanity,.....	1	3	4
Intermittent insanity,.....	—	3	3
Delirium tremens,.....	2	—	2
Epilepsy,.....	1	2	3
General paralysis,.....	4	—	4
Imbecility,.....	1	1	2
	27	45	72
Deaths (169) under 10 years,.....	1	—	1
From 10 to 20 years,.....	6	5	11
From 20 to 30 years,.....	9	6	15
From 30 to 40 years,.....	20	14	34
From 40 to 50 years,.....	21	16	37
From 50 to 60 years,.....	11	13	24
From 60 to 70 years,.....	11	21	32
From 70 to 80 years,.....	1	9	10
Above 80 years,.....	3	2	5
	82	86	169

The principal causes of death have been as follows :

	Males.	Females.	Total.
Cerebral Congestion, .....	39	8	47
Chronic Enteritis, .....	3	29	32
Marasmus, .....	22	28	50
Consumption, .....	8	8	16
	72	73	145

The report concludes with a brief review of the treatment employed.

*Physical Means.*—In acute delirium, prolonged baths, and cold effusions frequently repeated during the same day, have generally been used with success, and are found to abate the wildness and agitation.

A seton introduced into the neck has produced good results in partial delirium, in stupidity and in the commencement of general paralysis.

In epilepsy, valerian and the oxide of zinc, have suspended or delayed the access of the attacks.

In cases resulting from amenorrhœa, the tartrate of iron and potash and aloes have been useful.

“Strychnine has not proved as advantageous in the paralytic and lame, with me, as with some of my *confreres*.”

*Moral Means.*—These are labor, order and discipline.

The labor is of various kinds ; with boarders, walks in the fields, reading of choice books, and such plays and amusements as are congenial.

Manual labor is useful with many. A school has been established during the last winter. Various mechanical arts have also been pursued, but the main occupation of most of the patients is agriculture. There are two very large gardens, in one of which one-sixteenth of the males work daily, and another, separated from the first which is cultivated by one-twentieth of the females.

A large farm at a short distance from the asylum, be-

longs to it and here one hundred insane labor daily. They go in detachments of ten, twenty or thirty each, with usually two or three attendants, and although there are no walls to confine them or hindrances to escape, still during three years there have been only four elopements.

So useful indeed has this proved, that the proprietors of the Asylum have purchased another and smaller farm, on which it is intended to place females.

Order and discipline are of essential importance. Regular hours are fixed for rising, meals, labor, recreation and retiring. Every insane person is required to make his own bed, with the exception of the furious, the lame and the impotent. These are provided with apartments distinct from the main body of the patients, and eat together at a separate table.

*At every medical visit, the patient is required to be in his usual place. Silence, quiet and the greatest politeness is demanded in the presence of the physicians.*

The modes of repression and punishment consist in reprimands—affusion of cold water—the douche—the strait jacket—depriving them of labor—forbidding them to walk in the fields !

No patient is ever shut up in his cell during the day—the strait jacket is never used except as a means of repression, or when the patient attempts to injure himself or others, or to destroy his clothes. It is never kept on long.

The food is substantial and well selected. The establishment allows at its own expense, *tobacco and other things desired*, on the order of the physician alone, and this is made dependent on the conduct and industry of the patient.

II. For these reports we are indebted to John Thurnam, M. D., the Medical Superintendent, who is already well known through his writings on the subject of Insanity.

The first contains the several reports of the Committee of Visitors, the Medical Superintendent, the Commissioners in Lunacy, and a description of the building and the general rules for the government of the Asylum.

This is a new institution, erected for the accommodation of the insane poor of the County of Wilts, England, pursuant to an Act, passed 1845, requiring every County "within three years to take measures for providing an Asylum for Pauper Lunatic Patients." In 1848, the Justices of Wiltshire appointed a Committee of Visitors to examine all Asylums, Union Houses, and other places where such persons were kept, and determine on their wants. The Committee then advertised for plans for a building capable of accommodating 250 patients, (subsequently enlarged for the reception of 300.) Sixty designs were sent in. To aid in selecting a plan, the services were obtained of "a Gentleman officially connected with the Asylum at Bethnal Green, and of long experience in the management of persons of unsound mind," and one was chosen, "plain in its exterior, commodious, airy and cheerful in its internal arrangement." The projector of this plan, T. H. Wyatt, was employed as architect. "It was evidently desirable," say the committee, "that the person who should be placed at the head of the establishment, should be cognizant of all the intended arrangements, and be in a position to offer his advice upon the details of them during the progress of the work." It is further remarked:

"The appointment of a Medical Superintendent, previous to the erection of the Asylum, was made by the Committee of Visitors, with the unanimous approval of the Court of Quarter Sessions. The object of

this appointment, as stated in the minutes of the Committee, was that of securing to the architect such advice and assistance, as would enable him to complete the internal arrangements of the building in the most satisfactory manner, in accordance with the peculiar requirements of such an establishment. By this means it was believed that many alterations, such as in various asylums have had to be made at a great cost, might be prevented, and that an ultimate saving would be effected. The Committee of Visitors and the architect unite with the medical superintendent in satisfaction at the results of this arrangement. In the course of erecting the building numerous modifications, of greater or less importance, were introduced into the plan, and the internal fittings and furnishing have been so arranged as to leave little to be desired as regards their satisfactory operation."

In April, 1849, Dr. Thurnam was appointed to the office of Medical Superintendent, and in July the first stone of the building was laid. It was opened for the reception of patients Sept. 19th, 1851. For more than three months previous to this, Dr. Thurnam "was closely occupied in directing the internal fittings and furnishings, and in arranging the necessary preliminaries for the reception of patients."

During this time, he also visited the Asylums and other places where patients were detained, took notes of their condition, and made such selections as would best subserve the interests of humanity and afford some classification on the removal of a large number of lunatics.

The whole cost of land (65 acres,) buildings, furniture, &c., up to this time, was £56,303, (about \$280,000.) The prices per week were fixed at ten shillings (\$2.50) for paupers, and fourteen shillings (\$3.50) for private patients and those from other counties.

The first report was made Jan. 1st, 1852, up to which time 167 patients (73 males and 94 females) were received. Only 10 of this number were recent cases.

The report is replete with interesting details on the

general improvement, employment, amusement, recreation, and state of health of the patients.

The Italian style of architecture was selected, "as the simplest, the lightest, and most cheerful, that which probably gives the greatest effect at the least cost." The materials used are brick and stone. The Asylum is built on the system of fire-proof construction, iron joists and concrete.

The building is a combination of the rectangular and linear forms, with rooms on one side of the corridor—8 wards for each sex—each ward has its day rooms and dormitories. The corridors are 12 feet in width, except one, which is 10 feet; in length respectively 177, 110, 133 and 63 feet. Height of corridors and rooms 11 feet. Single sleeping rooms 9 feet by  $6\frac{1}{2}$  feet. Dormitories contain from 8 to 11 beds. Cubic capacity for each inmate over 500 feet. Each ward has its closets, bath and wash rooms. The wash hand basins are of one single piece of white pottery. No mention is made of dining rooms either for patients or help.

Padded rooms are fitted up in wards for excited patients. This is not considered advisable in this country.

The airing courts are "open, spacious and cheerful; patients from each ward having access to their own court without passing through any other ward."

The window sash is of cast iron, ordinary domestic shape and size. The floors are formed of  $1\frac{1}{4}$  inch yellow deal battens. Slate sills are introduced in the doorways to cut off communication in case of fire in any one room. A fire plug also is so arranged in connection with the cisterns in the ventilating towers as to be made available in case of fire.

The heating is effected by hot water apparatus.—Open fire places are introduced in all the day rooms, bath

rooms, and attendant's rooms, and a few sleeping rooms. The vitiated air is drawn off by flues placed near the ceilings, from thence conducted into main horizontal flues, from whence it is drawn into the ventilating towers, where coils of pipe, heated by hot water, are placed to increase the ventilating power.

Water is received from a well with which levels are connected, to afford a reserve supply of 15,000 gallons. The average consumption of water has been 21 gallons to each person every 24 hours. Chapel, workshops, laundry, gas works, drainage, farm buildings, &c., are arranged according to the best modern improvements. All the cooking is done in one central kitchen.

It has given us pleasure to review an institution so complete in its arrangements; we cannot however close the notice without a reference to its organization.

It is matter of regret that in this respect the Committee have adhered to the old plan of making the inferior officers more or less responsible to themselves instead of making the Medical Superintendent in all respects the head of the institution, holding him responsible for the acts of inferior officers, and making them subject to his direction alone. The Steward, Matron and Farmer are "under the control of the Committee of Visitros, and the Medical Superintendent." This division of authority is not considered in this country favorable to efficient discipline. In relation to attendants the Superintendent "shall have *authority to recommend* the hiring and discharge of all attendants and servants, and shall also generally have the control over the attendants and servants, and authority to suspend them whenever he shall deem expedient."

The "*authority to recommend*" gives the Superintendent no power further than that which belongs to any com-

mon citizen, and the power to "*suspend*" places him in the humiliating position of appearing before the board as the accuser of his attendants, giving the board the right to act as they choose. This position no governing head should be compelled to occupy. The Superintendent shall superintend and direct the performance of the duties of the attendants and servants; and also those of the medical assistants, clerk and matron, *so far as they are not provided for by the rules.*" If he is the governing head he should have the power to enforce obedience to the rules in all cases.

In the regulations there are many *small* things which it would seem scarcely proper to impose upon a high minded and intelligent officer; we notice one instance: The medical superintendent "shall never absent himself for more than one night without the *previous written consent* of one of the committee of visitors, and then only, on condition of his providing for the proper performance of his duty during his absence." It would appear that a medical officer charged with the responsibility of such an important trust could not need such restrictions applicable only to apprentices.

III. The second annual report dates Jan. 1st, 1853. At the commencement of the year there were 165 patients, 71 males and 94 females. During the year, 117 patients, 57 males and 60 females were admitted. Thirty-eight were discharged; 35 of whom were recovered—leaving in the house 219 patients. The report shows a condition of general health and prosperity. The Superintendent and Commissioners in Lunacy express satisfaction in the experience of the year as to the adaptation of the building to its purposes. "The system of ventilation," says Dr. Thurnam, "has answered remarkably well; during the excessive heat of July, with the ther-

mometer frequently at 90 degrees, the admission of air to the building was so well regulated, that the atmosphere of the wards was rarely oppressive." We make a few extracts from the report :

"The comfortable breakfast of coffee, the meat dinner four days in the week, with a moderate allowance of malt liquor, add much to the contentment of the patients, and seem requisite to restore or induce, in their often enfeebled systems, those natural conditions under which alone recovery can be hoped for. There can indeed be no doubt that much of the insanity which exists among the poor, particularly in agricultural districts, is to be traced principally to their scanty supply of the necessaries of life, and the low state of vitality thence resulting.— In the case of many of the sick, it is found necessary to modify the ordinary diet, and allow such extras as a little wine, ale, or porter, milk, or eggs ; which often prove the best restoratives."

"The clothing which has been provided for the patients is of course of the strongest and most durable description, and is as neat and comfortable as need be desired for persons in their rank of life. Sufficient warmth is of course the primary requisite, and this is adequately ensured by the jackets, and waistcoats of bluish grey cloth, and the fustian trowsers of the men ; the woolsey petticoats of the women, and the stout shoes and woollen stockings of both sexes. The women's gowns are of a neat Manchester print ; those who require stronger dresses having them made of a mixed fabric of woollen and cotton, manufactured in the county. The men, at their work and in the open air, wear round felt hats ; the women have plain linen caps, and seldom use bonnets, except when taking exercise beyond their own airing grounds. The original outfit of clothing was supplied by the Asylum for the North and East Ridings of Yorkshire ; an institution in which the industrial system has been developed to the fullest extent, and where it was made entirely by the patients. This is probably the first instance of an asylum entering into a contract of such a kind. Great interest, as the Superintendent was informed by his energetic friend Mr. Hill, was excited among the patients, who were made aware that they were preparing clothing for another asylum ; and quite a sensation was manifested when two carts laden with heavy bales of woollen and shoes, shirts, and dresses for the women, left the doors of the North and East Ridings Asylum. It is but justice to state that the articles thus supplied have proved satisfactory, both as to quality and workmanship."

"Some efforts have been made to give elementary instruction, in

reading, writing, and arithmetic, to such of the patients as are capable of benefiting by it. The attendant who discharges the duties of school-master, gives periodical instruction to classes of both male and female patients. There has been sufficient experience of the beneficial effect of these attempts, to encourage the Superintendent in their further prosecution."

"The amusement and recreation of the patients have not been overlooked. It is not, however, desirable that, in an asylum for the labouring classes, these should assume a very prominent character, or be allowed to interfere with the ordinary business of the establishment."

We conclude by copying the report of the Commissioners in Lunacy, on their visitation of this asylum.

"We have officially visited this Institution, and personally examined all the patients. 231 in number. No one was in seclusion at the time of our visit; and the patients were very tranquil and orderly. Mechanical restraint has not yet been employed. The patients were neat and clean in their persons and dress, and altogether in a very satisfactory condition."

"We learn that about 70 males and 65 females are regularly employed; and that on an average three-fourths of the whole number attend Divine Service in the chapel, where prayers are regularly read by the Chaplain twice a day.

"The wards were throughout well warmed and ventilated, and in good order. The bedding is of good quality; and we have no doubt that, by a longer residence in the Asylum, the faulty habits of some of the patients will gradually improve, and the number of straw beds be diminished.

"Since the last visit of the Commissioners in April, 1852, 88 new patients have been admitted, 34 have been discharged, and 21 have died from various causes. At present there are vacancies for 55 patients.

"The two infirmaries have never yet been opened as such; and generally speaking the bodily health of the patients has been good. Last week, 11 males and 16 females were under medical treatment, but not for bodily illness of a serious nature.

"On the whole, the patients appear to be under careful and judicious management, and the condition of the Asylum is very good."

## ARTICLE IV.

ADDENDA TO THE ARTICLES ON "INSTITUTIONS FOR THE INSANE IN PRUSSIA, AUSTRIA, AND GERMANY." *By* PLINY EARLE, M. D.

Immediately after the last pages of the sketches of German Institutions for the Insane had come from the press, I received a copy of a work\* by Dr. Heinrich Laehr, Second Physician to the Hospital at Halle, which contains a *complete* list of the Institutions in question, in Germany, Prussia, and Germanic Austria. The notices of them are very brief, but, as there is no very important establishment which I have not already mentioned, they are sufficient to perfect that general knowledge of the subject, which alone can be desired by most of the readers on this side of the Atlantic. The institutions not heretofore described, will be named below, following the general arrangement of the preceding articles.

## PRUSSIA.

**RHENISH PROVINCES.** At Cologne, a department of the City Hospital is devoted to the Insane, of whom, in December 1851, there were 126, fifty-nine males and sixty-seven females. Curable patients, if admitted, must be immediately sent to Siegburg. Dr. Raeckel is the Physician in Chief to the Hospital.

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\* Ueber Irrsein und Irrenanstalten. Fur Aerzte und Laien. Von Dr. Heinrich Laehr, Zweitem Arzte der Provinzial-Irrenanstalt bei Halle. Halle, 1852.

At the Monastery of Alexian Brothers, in Cologne, insane men have been received, ever since the foundation of the establishment, A. D. 560. None but incurables are now admitted. In December, 1851, the number of patients was nine. Dr. Raeckel, Physician.

In Kaiserswerth, an establishment for curable and incurable females, founded by Pastor Fliedner, and consisting of two buildings, one old, the other new, was opened in 1852. "In certain respects it is a private institution; but, still, it was erected for the public benefit." Patients are charged from 250 to 600 thalers per annum,—Dr. Hintze, Physician.

The Alexian Monastery at Neuss has been an Asylum for insane men for more than a century. Seven "Brothers" have the charge of the patients, of whom there were 25 incurables in December, 1851. Physician, Dr. Hellersburg.

**WESTPHALIA.** A department of the Clemens Hospital, at Munster, is occupied by insane patients, of whom, at the close of 1850, there were four, one man and three women. Dr. Pellengahr, Physician to the Hospital.

**SAXONY.** There is a City Asylum, for incurables, at Magdeburg, under the medical care of Dr. Neide. Number of inmates, in December, 1851, nineteen, of whom 7 were men and 12 women. It is about to be discontinued, and the patients removed to Halle.

**BRANDENBURG.** The Asylum of Wittstock, for the paupers and poor invalids of the government district Potsdam, has a department for idiots, and harmless incurable insane. Dr. Schultze, Physician. In December, 1851, there were 101 patients, 40 men and 61 women.

**POSEN.** Insane persons of either sex are received at the Asylum in the Franciscan Monastery, at Posen; but such as appear to be curable are transferred to Owinsk.

**WEST PRUSSIA.** Some insane patients are received at the Provincial General Hospital, at Schwetz, but there is no separate department for them. At the end of 1851 there were 10 men and 6 women. Dr. Butzke, Physician.

### AUSTRIA.

**UPPER AUSTRIA.** In 1788 an Asylum for the insane was opened at Lintz, in connection with a Lying-in and Foundling Hospital. In 1834 it was made an independent institution, for curables and incurables. Dr. Knoerlein is the present Physician in Chief, and Dr. Schasching House Physician. At the close of 1850 there were 114 patients, 77 men and 37 women.

**MORAVIA.** A department of the Hospital for general diseases, lying-in women, and foundlings, at Bruenn, is devoted to the insane. Dr. Olexik, Physician in Chief to the Hospital. The number of patients at the end of 1851 was 118, of whom 61 were men, and 57 women.

**AUSTRIAN SILESIA.** Six rooms in the General Hospital at Troppau are set apart for insane patients. If, at the termination of six months from the time of admission, they remain uncured, they are sent to the Hospital at Bruenn. Dr. Rokita, Physician.

**STEYERMARK.** Insane persons have been received at the Styrian General Hospital, at Graetz, since the year 1796. They now occupy a large department. At the close of 1851 there were 77 men and 95 women; total 172. Dr. Koestel, Physician. Plans for a new edifice were designed in 1846, but no measures for its construction have been adopted.

**CARINTHIA.** In the General Hospital at Klagenfurt, a section consisting of 21 rooms in the first story, for women,

and 16 in the second, for men, is devoted to the insane. Dr. Kumpf, Physician. There were 32 patients at the close of 1851.

**CARNIOLA.** There is a small Asylum for curables and incurables, at Laibach. It is connected with a General Hospital, but the building is disconnected from the others. "On the right hand are eleven rooms for men, and on the left, eleven for women." Dr. Zhuber is the Physician. The number of patients, at the end of 1851, was 24.

**TYROL.** At the General Hospital of Trient, in the Italian portion of Tyrol, there were 40 insane patients, in 1849.

**COASTLANDS.** An Asylum connected with the General Hospital at Trieste, but in a separate building, receives patients from that city, the Counties of Goertz and Gradiska, and the Margravine of Istria. Dr. de Dreer is the Physician in Chief to the Hospital. The number of patients in December, 1851, was, of men 40, women 26, total 66.

### GERMANY.

**BAVARIA.** An institution for curables and incurables, in the District of Oberpfaltz, was opened at Regensburg on the 1st of January, 1852. Dr. Kiderle, Physician.

A building at Klingenmunster, in the Rhine-pfaltz, near the borders of France, has been purchased for the purpose of establishing an institution for the curable insane of that district. The incurables will be sent to Frankenthal. The sum already appropriated is 215,000 florins. It is intended to make apartments for from 350 to 400 patients.

**BADEN.** The old receptacle at Pforzheim is still occupied by a part of the incurable insane, idiots and epilep-

tics of the Grand Duchy of Baden. At the commencement of 1850, the inmates numbered 177, whereof 85 were men, and 92 women.

**MECHLENBURG-SCHWERIN.** Doemitz was re-opened in August, 1851, for patients proved to be incurable at the Sachsenberg institution. Dr. Fiedler, Physician. Number of patients, 65.

**MECHLENBURG-STRELITZ.** There is an Asylum, in a disjoined building, but, in its government, connected with the Prison and Workhouse, at Strelitz. Both curables and incurables are received. In December, 1851, there were 50 patients, 27 men and 23 women. Dr. Berlin, Physician.

**LUXEMBURG AND LIMBURG.** An Ursuline Convent "in the free-city Pfaffenthal (Luxemburg)" is now used as an institution for curable and incurable insane. It is under the same direction as the Burger-Hospital. Drs. Wirth and Pondrom, Physicians. At the close of 1851 there were 29 patients, 15 men and 14 women.

**ANHALT.** There is an independent institution, for curables and incurables, at Dessau. It receives patients from the Duchies of Gotha and Dessau. Eight acres of land belong to it. Physician, Dr. Bobbe. Number of patients at the close of 1851, men 29, women 19, total 48.

**SAXE-COBURG.** At Gotha, there is an independent institution, for curables and incurables. It has accommodations for 50 patients, but, in Sept. 1851, the number was but 18. Dr. Ortley, Physician.

**SAXE-ALTENBURG.** An Asylum for curables and incurables, connected with the General Hospital at Roda, but in a separate building, was opened in 1848. It is ten miles from Jena. In November, 1851, it had 78 patients, 45 men and 33 women. Dr. Richter, Physician.

**SCHWARZBURG.** At Arnstadt, in the Principality Schwarzburg Sondershausen, an Asylum was opened in 1820. The building formerly belonged to the Orphan Asylum. The institution is independent of others, and receives both curables and incurables. Dr. Nicolai, Physician. The number of patients at the end of 1851, was 12; men 8, women 4.

The Principality Schwarzburg-Rudolstadt also has an independent, mixed institution, at Rudolstadt. Dr. Otto, Director. In December, 1851, there were 29 patients, 15 men and 14 women.

**REUSS.** The fourth story of the prison at Gera, is used as a receptacle for curable and incurable insane. Each patient is confined in a cell. The number, at the end of 1851, was 13.

**FREE CITIES.** In Bremen some insane persons were formerly kept in the General Hospital. An independent institution, with new buildings, intended for sixty patients, was opened in August, 1851. It has a department for private, or pay-patients. At the end of 1851 the number of inmates was 26, of whom 19 were men, and 7 women. Dr. Meier, Physician.

Lubeck has an independent, mixed institution, under the medical care of Dr. Eschenburg. Most of the patients, of whom there were 24 men and 7 women at the close of 1851, are paupers. "This institution remains far behind the demands, but there is a prospect of reform."

From the data now at hand, I have compiled the following tabular schedules, in which are embodied some additional information in regard to the institutions mentioned in the preceding papers. We have now a far more nearly perfect general knowledge of the German establishments and receptacles for the insane than we have of those in the United States of America. Dr. Lachr, in a

note, page 231, alludes to the insufficiency of our provision for the insane, since as he asserts with 24,000 of them, we had, in 1849, only 30 institutions, in which but 4,711 could be accommodated. Our first-class Asylums are rapidly multiplying, and hundreds, nay, thousands of our insane are in the numerous receptacles connected with general hospitals, almshouses, and county prisons. But our deficiencies are not so great as would be implied by this statement.

These receptacles, although some of them have decent accommodations, and from fifty to seventy-five patients, have never been classed among our "Institutions" for the insane.

## PUBLIC INSTITUTIONS FOR THE INSANE IN PRUSSIA.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
<b>RHINE PROVINCES.</b>				
Alexian Brothers,	6 cent'y.	Dr. Raackel,	9 Dec. 1851,	487 square miles; population 2,830,936.
Alexian Brothers,	14th do.	Dr. Schumacher,	50 Dec. 1851,	At Cologne.
Annunziaten,		Dr. Hartung,	95 End 1851,	At Aix la Chapelle.
Cologne,	1802	Dr. Raackel,	126 Dec. 1851,	"
Dusseldorf,		Dr. Bournoy,	111 Dec. 1851,	Takes incurables from Siegburg.
Kaiserswerth.	1852	Dr. Hintze,	for forty females.	Pastor Fliedner, director.
Neuss,		Dr. Hellersberg,	25 End 1851,	For men, opened more than 100 years ago.
Siegburg,	1825	Dr. Jacobi,	228 Nov. 1851,	Dr. Focke, Second Physician.
St. Thomas,	1835	Dr. Lox,	117 Dec. 1851,	Andernach. Incurables from Siegburg.
Treves.	1835	Dr. Tobias,	93 Dec. 1851,	638 square miles. Population 1,463,998.
<b>WESTPHALIA.</b>				
Gesecke,	1841	Dr. Schnpmann,	23 End 1851,	Dr. Schwartz, Second Physician.
Marsberg,	1835	Dr. Knabbe,	344 Dec. 1851,	450 square miles. Population 1,790,240.
Munster,		Dr. Pelleugahr,	4 End 1850,	Dr. H. Laehr, Second Physician.
<b>SAKONY.</b>				
Halle,	1844	Dr. Damerow,	313 Dec. 1851,	576 square miles. Population 1,197,701.
Magdeburg,		Dr. Neide,	19 Dec. 1851,	
<b>POMERANIA.</b>				
Greifswald,	1834	Dr. Berndt,	21 Dec. 1851,	
Rugenwald,	1841	Dr. Steinhauser,	69 Dec. 1850,	
Stralsund,	1842	Dr. Von Wulff-Crona	27 End 1851,	
<b>BRANDENBURG.</b>				
Arbeitshaus,		Dr. Leubuscher,	176 End 1851,	734 square miles. Population 2,200,000.
Charite,	1798	Dr. Ideler,	123 End 1851,	Berlin.
New Ruppın,	1801	Dr. Wallis,	148 End 1850,	Berlin, Dr. Goecke, 2d Physician.
Sornu,	1812	Dr. Schreiber,	160 Nov. 1851,	
Wittstock,		Dr. Schultze,	101 Dec. 1851,	
<b>SILESIA.</b>				
Breslau,		Dr. Ebers,	41 Dec. 1851,	741 square miles. Population 3,065,800.

Brieg,	Incurables,	1820	Dr. Ehrlich,	170	End 1851,	Dr. Hoffman, 2d physician.
Leubus,	Curables,	1830	Dr. Martini,	144	Dec. 1851,	
Plagwitz,	Incurables,	1836	Dr. Pohl,	110	Dec. 1851,	536.51 square miles. Population 1,364,000.
Owinsk,	Mixed,	1833	Dr. Beschornier,	94	1850,	
Posen,	Incurables,			18	1852,	
						1173 square miles. Population 2,499,400.
Dantzic,	Mixed,	16 cent'y	Dr. Goetz,	69	Dec. 1851,	Patients to be removed to Schwetz.
Koenigsberg,	"	18 cent'y	Dr. Bernhardi,	71	Nov. 1851,	To be abolished when Wehlau is opened.
Schwetz,	"	1832	Dr. Butzke,	16	End 1851,	General hospital, patients not separated.
"	Rel. United				for 200,	Expected to open in 1852.
Wehlau.	"				for 200,	"

The Hohenzollern Lands, with 21½ square miles, and 66,000 inhabitants have from 10 to 12 insane in the general Hospital.

## INSTITUTIONS FOR THE INSANE IN GERMANIC AUSTRIA.

Institutions.	Opened.	Physicians.	No. of Patients.		Remarks.
UPPER AUSTRIA.					
Linz.	Mixed,	Dr. Knörlein,	114	End 1850,	208 square miles. Population 720,000. Dr. Schassing, house physician.
LOWER AUSTRIA.					
Vienna Gen. Hospital,	Mixed,	Dr. Viszanik,	427	July 1851,	359½ square miles. Population 1,535,047.
" New "	Curables,	Dr. Riedel,	278	End 1851,	
Ybbs, SALZBURG.	Mixed,	Dr. Spurzheim,			
Salzburg.	Mixed,	Dr. Ozilberger,	16	Dec. 1851,	Dr. Horning, 2d physician. 139 square miles. Population 152,000.
MORAVIA.					
Bruenn.	Mixed,	Dr. Alexik,	118	End 1851,	Dr. Zellner, acting physician. 404½ square miles. Population 1,833,200.
SILESIA.					
Troppau,		Dr. Rokita,			93½ square miles. Population 476,800.
STEYERMARK.					Has but 6 rooms.
Grätz.	Mixed,	Dr. Kastel,	172	End 1851,	Population 1,000,000.
BOHEMIA.					
Prague,	Rel.-United	Dr. Fischel,	594	Nov. 1851,	943½ square miles. Population 4,600,000. Drs. Ezermak and Spielman, assistants, opened in 1790 as department of hospital.
CARANTHIA.					138½ square miles. Population 340,000.
Klagenfurt,	Mixed,	Dr. Kampf,	32	End 1851,	101½ square miles. Population 560,000.
CARINOLA.					
Lailbach,	Mixed,	Dr. Zhuber,	24	End 1851,	523 square miles. Population 900,000.
TYROL.					
Hall,	Mixed,	Dr. Tschallener,	102	Dec. 1851,	Dr. Stolz, second physician.
Trient,	"		40	Feb. 1849,	
COASTLANDS.					
Trieste,	Mixed,	Dr. de Dreer,	66	Dec. 1851,	133,3 square miles. Population 505,831.

The Duchies Auschwitz and Zator, with 70 square miles and 365,000 inhabitants, have no institutions for the insane.

## INSTITUTIONS FOR THE INSANE IN GERMANY.

Institutions.	Opened.	Physicians.	No. of Patients.	Remarks.
<b>KINGDOM OF SAXONY.</b>				
Colditz.	1829	Dr. Weiss,	376	272 square miles. Population 1,894,636.
Habertsburg.		Dr. Weigel,	about 100.	For men. Dr. Voppel, 2d physician.
Leipzig.	1701	Dr. Ratus,	35	Females; mostly idiots.
Sonnenstein.	1811	Dr. Lessing,	241	Formerly for curables.
<b>K' M BAVARIA.</b>				
Baireuth.		Dr. Marc.	54	At Pirm, Dr. Klotz, house physician.
Bamberg.		Dr. Schwappach,	39	1394 square miles. Population 4,526,650.
Erlangen.	1846	Dr. Solbrig,	143	
Frankenthal.		Dr. Bettinger,	230	
Giesing.	1803	Dr. Christmüller,	45	
Irsee.	1849	Dr. Hagen,	113	
Klugenmunster.				Near and for Munich.
Regensburg.	1852	Dr. Kiderle,		Dr. Engelman, assistant physician.
Wurtzburg.	1743	Dr. Marcus,	80	Not opened. For 350 to 400.
<b>K' M WURTEMBERG.</b>				
Winnenthal.	1834	Dr. Zeller,	103	Dr. Gegenbauer, assistant physicians.
Zivilsdlden.	1812	Dr. Schaeffer,	160	354½ square miles. Population 1,805,558.
Mariaberg.	1841	Dr. Zimmer,	52	
Rieth.	1813	Dr. Muller,	12	At Winterbach.
<b>K' M HANOVER.</b>				
Hildesheim.	1837	Dr. Bergmann and three assistants.	190	623 square miles. Population 1,790,000.
	1837		212	
	1849		160	First Relative-United Institution in Germany.
<b>GRAND DUCHY BADEN.</b>				
Illenau.	1842	Dr. Roller,	414	278½ square miles. Population 1,379,000.
Pforzheim.		Dr. Muller,	177	Near Achern, Drs. Hergt and Fischer, assistants.
<b>G. D. MECKLENBURG SCHWARIN.</b>				
Doornitz.	1851	Dr. Fiedler.	65	222 square miles. Population 536,724.
			in 1850,	Takes incurables from Sachsenberg.

## INSTITUTIONS FOR THE INSANE IN GERMANY.—(Continued.)

Institutions.	Opened.	Physicians.	No. of Patients.		Remarks.
			1830	201 Jan. 1851,	
Sachsenberg.	1830	Dr. Flemming,	201	Jan. 1851,	Near Schwerin. Dr. Lechler, 2d physicians.
G. D. OLDENBURG.					113 square miles. Population 278,030.
Blankenburg.	1786	Dr. Kindt,	85	in 1848,	152 square miles. Population 62,917.
G. D. HESSE.					Near Darmstadt.
Hofheim.		Dr. Hohenschild,	367	End 1851,	52 square miles. Population 524,000.
G. D. MECHLENBURGH					
STRELITZ.					
G. D. WEIMAR.		Dr. Berlin,	50	Dec. 1851,	67 square miles. Population 261,370.
Jena.	1821	Dr. Kieser,	61	Jan. 1851,	
G. D. LUXENBURG &					
D. LIMBURG.					65½ square miles. Population 282,060.
Luxemburg.		Dr. Wirth,	29	End 1851,	Dr. Pondrom, associate physician.
DECHT BRUNSWICK.					72 square miles. Population 270,100.
Brunswick.	1829	Dr. Mansfield,	61	Jan. 1851,	
D. NASSAU.					84 square miles. Population 427,915.
Eichberg.	1849	Dr. Snell,	153	End 1850,	Dr. Basting, 2d phys. Eberbach opened 1812.
D. SAXE-MEISINGEN.					45½ square miles. Population 163,323.
Hildburghausen.	1830	Dr. Harnisch,	32	Jan. 1852,	
D. SCHLESWIG & HOL-					163½ square miles. Population 163,000.
STEIN.					157½ " " 525,050.
Schleswig.	1820	Dr. Raeppehl,	469	Dec. 1851,	Dr. Gage, 2d physician.
D. ANHALT.					48 square miles. Population 158,000.
Dessau.		Dr. Bobbe,	43	End 1851,	37 square miles. Population 149,753.
D. SAXE-COBURG.					
Gotha.		Dr. Ortley,	13	Sept. 1851,	24½ square miles. Population 131,789.
D. SAXE-ALTENBURG.					2 geographical miles from Jena.
Roda.	1848	Dr. Richter,	73	Nov. 1851,	205,9 square miles. Population 754,590.
Ellec's HESSE CASSEL.					

Hainai.	Incu., men,	154	Dec. 1851,	20 cretins.	School to be opened for them.
Merxhausen,	Incu., w'h.	111	Dec. 1851,	21 square miles.	Population 108,000.
Prinlty Lippe Detmold	Mixed,	74	Dec. 1851,	New buildings to be erected.	
Brake.	Mixed,	12	End 1851,	31 square miles.	Population 139,652.
Pr. Schwarzenb.	Mixed,	29	Dec. 1851,	27.9 square miles.	Population 112,175.
Arnsdorf,		13	End 1851,	7 square miles.	Population 188,054.
Rudolstadt,		495	Jan. 1851,	3	76,000.
Pr. Reuss.	Mixed,	26	End 1851,	74	42,685.
Gera, City Hamburg,	"	31	End 1851,	14.5	"
Free " Bremen,	"	67	Nov. 1851,	"	71,678.
" " Lubeck,					
" " Frankfort on	Mixed,				
Main,					

The Principality WALDECK, with 214 square miles and 62,000 inhabitants, has a few insane in the asylum for chronic disorders, at Flechtendorf. The principality SCHAUMBURG-LIPPE, with 94 square miles, and 30,000 inhabitants, has a few in its prison and almshouse. The Principality LICHTENSTEIN, with 24 square miles and 6,400 inhabitants, has no receptacle for the insane. The Landgravine HESSE HOMBURG, with 6 square miles and 26,000 inhabitants, sends its insane (six in 1851) to Hofheim.

#### PRIVATE INSTITUTIONS.

The following table, compiled from the work of Dr. Laehr, includes all the private establishments recognized by him in the Germanic Countries. He notices, however, only "those which are directed by a physician, and which, by their internal and external regulations, can be considered, by persons who understand the subject, as *Private Institutions for the Cure and Care of the Insane.*" How many, are thus ignored, I know not, but among them is that of Mrs. Klinemann in Berlin, as well as several others in the same city, which though licensed by the Government, certainly can present but feeble claims to the title of "Institution."

## PRIVATE INSTITUTIONS.

Institutions.	Countries.	Open'd	Director.	No. of Patients.	Land.	Remarks.
Bendorf, Bonn,	PRUSSIA. Rhine Province,	1847	Dr. Erdenmeyer, Dr. M. Nasse,	22, End 1851,		Near Coblenz. For insane and Idiots. Estab. by Dr. F. Nasse, father of present proprietor, who died in 1851.
Bonn.	"	1849	Dr. Herz,	16 rooms,	2 1/2 gards	
Bonn.	"	1844	Dr. Albers,	for 20,	7 acres.	Between Cologne and Bonn.
Eidenich, Eitorf,	"	1846	Dr. Richardz, Dr. Meyer,	8 in 1850,	50 acres,	For 25. 3 G. miles from Bonn, 2 from Siegburg.
Moers, Berlin,	"	1843	Dr. Whitfield,	15, End 1850.		
Kowanowko,	Brandenburg,	1849	Dr. Posner,	4, End 1850.		
Vienna,	POSEN. AUSTRIA. Lower Austria.	1831	Dr. Zelasko, Dr. Gergen.	about 30,	large park,	Founded at Sumpendorf, in 1819, by the father of Dr. Gergen.
Lindenhof, Pölna,	GERMANY. K'm Saxony,	1833	Dr. Matthias,	for 20,		Near Dresden: f'd by Dr. Braunlich.
Thonberg,	"	1838	Dr. Pienitz,	for 20,		Dr. Dietrich, Second Physician.
Kennenburg, Schorndorf,	Wurtemberg,	1844	Dr. Guentz, Dr. Stimmel, Dr. Schnurrer, M. Bauer, proprietor.	25 in 1844,	6 acres,	Near Leipsic. Formerly Heimbach: near Esslingen.
Jena.	Saxe Weimer,	1848	Dr. Kieser,		2 1/2 acres,	14 English miles from Stuttgart. Founded by Dr. Schnurrer, senior.
Marienthal, Oberneuland, Rockwinkel,	Saxe Meiningen, near Bremen,	1846	Dr. Marting,	for 25,		In the suburbs of Jena.
Hornheim,	"	1770	Dr. H. Engelken,			
	Schleswig.	1845	Dr. P. Jessen,	for 50-60,	20 acres,	Near Kiel, Dr. W. Jessen, 2d Physician.

GENERAL VIEW OF THE GERMAN INSTITUTIONS FOR  
THE INSANE WITH REFERENCE TO THEIR DESTI-  
NATION.\*

AA. PRIVATE INSTITUTIONS.

Bendorf, Berlin, Bonn 3, Eitorf, Endenich, Hornheim, Jena, Ken-  
nenburg, Kowanowko, Lindenhof, Marienthal, Moers, Oberneuland  
Pirna, Rockwinkel, Schondorf, Thonberg, Vienna.

BB. PUBLIC INSTITUTIONS.

I. CONNECTED WITH OTHER INSTITUTIONS.

A. WITH PENAL INSTITUTIONS.

1. *Curables and Incurables.*

Strelitz, Gera.

2. *For Incurables.*

Berlin.

B. WITH OTHER HOSPITALS.

a. In the same building.

1. *For Curables and Incurables.*

Berlin, Breslen, Brunn, Dantzie, Gratz, Hamburg, Klagenfurt, Mun-  
ster, Schwetz, Trient, Wurtzburg.

2. *For Incurables.*

Cologne, Leipsic.

b. In separate buildings.

1. *For Curables and Incurables.*

Bremen, Kaiserswerth, Laibach, Luxemburg, Roda, Trieste, Vienna.

Hubertusburg, Treves.

C. WITH ASYLUMS FOR CHRONIC AND INCURABLE CASES.

1. *For Curables and Incurables.*

Hofheim.

\* This table is extracted from the book of Dr. Luehr.

2. *For Incurables.*

Aix-la-Chapelle, Frankenthal, Gesecke, Haina, Merxhausen, Pforzheim, Stralsund, Wittstock.

## II. INDEPENDENT INSTITUTIONS.

1. *Mixed; Curables and Incurables together.*

Armstadt, Bamberg, Baireuth, Brake, Brunswick, Dessau, Frankfort on the Maine, Gotha, Hall, Hildburghausen, Irsee, Jena, Koenigsberg, Lintz, Lubeck, Mariaberg, Munich, New Ruppin, Owinsk, Regensburg, Rudolstadt, Salzburg, Schleswig, Soran, Winterbach, Ybbs.

2. a. *For Incurables.*

Aix-la-Chapelle, Blankenburg, Brieg, Cologne, Colditz, Dœrnitz, Dusseldorf, Magdeburg, Neuss, Plagowitz, Posen, Rugenwald, St. Thomas (Andernach) Zwiefalten.

2. b. *For Curables.*

Greifswald, Klingenmunster, Leubus, Sachsenberg, Sonnenstein, Siegburg, Vienna, Winnenthal.

3. *Relative-Connected Institutions: the Curables and Incurables being in separate buildings.*

Eichberg, Erlangen, Halle, Hildesheim, Illenau, Marsberg, Prague, Schwetz, Wehlau.

## ARTICLE V.

## ANNUAL REPORT OF AMERICAN ASYLUMS.

1. *Annual Report of the Officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1852.* Trenton, 1853.
2. *Report of the Board of Trustees of the Massachusetts General Hospital, presented to the Corporation at their annual meeting, January 26th, 1853.* Boston, 1853.
3. *Annual Report of the Trustees and Superintendent of the Pennsylvania State Lunatic Hospital at Harrisburg, for the year 1852.* Harrisburg, 1853.
4. *Report of the Pennsylvania Hospital for the Insane, for the year 1852.* By Thomas S. Kirkbride, M. D., Physician to the Institution. Published by order of the Board of Managers. Philadelphia, 1853.
5. *Thirty-sixth Annual Report on the state of the Asylum for the relief of persons deprived of their reason. Published by direction of the Contributors.* Third month, 1852. Philadelphia, 1853.
6. *Tenth Annual Report of the Managers of the State Lunatic Asylum of the State of New York; transmitted to the Legislature, February 16th, 1853.* Albany, 1853.
7. *State of the New York Hospital and Bloomingdale Asylum for the year 1852.* New York, 1853.
8. *Report (of the Lunatic Asylum, Blackwell's Island,) to the Board of Governors of the Alms House, (for the year 1853.)*
9. *Sixteenth Annual Report of the Trustees and Superintendent of the Vermont Asylum for the Insane.* August, 1852. Brattleboro', 1853.
10. *Third Biennial Report of the Illinois State Hospital for the Insane, for the years 1851 and 1852.* Jacksonville, 1853.

11. *Reports of the Board of Visitors, Trustees and Superintendent of the New Hampshire Asylum for the Insane, June Session, 1853.* Concord, 1853.
12. *The Tenth Annual Report of the Mount Hope Institution, near Baltimore, for the year 1852.* By William H. Stokes, M. D. Baltimore, 1853.
13. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their Annual Meeting, Jan. 24th, 1853.* Providence, 1853.
14. *Report of the Trustees of Stockton State Hospital, California. (In the Senate session of 1853.)*
15. *Report of the Board of Managers of the State Lunatic Asylum, to the seventeenth General Assembly of Missouri.*
16. *The Twenty-ninth Annual Report of the Officers of the Retreat for the Insane at Hartford, Conn., April, 1853.* Hartford, 1853.
17. *Report of the Board of Visitors of the Boston Lunatic Hospital, containing a statement of the condition of that Institution, and transmitting the Annual Report of the Superintendent for 1852.* Boston, 1852.
18. *Twenty-fifth Annual Report of the President and Directors of the Western Lunatic Asylum, (Virginia.)* 1852.
19. *Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia.* 1852-3. Richmond, 1853.
20. *Fourteenth Annual Report of the Board of Trustees for the Benevolent Institutions, and of the officers of the Ohio Lunatic Asylum to the General Asylum of Ohio, for the year 1853.* Columbus, 1853.
21. *Report of the Board of Visitors of the Maryland Hospital for the Insane at Baltimore to the General Assembly of Maryland for 1852.* Baltimore, 1853.
22. *Report of the Board of Commissioners and of the Superintendent of the Provincial Lunatic Asylum of New Brunswick for the year 1852.* St. Johns, 1853.
23. *Third Annual Report of the Directors of the Provincial Asylum at Toronto, of 7th July.* Quebec, 1852.

1. *The New-Jersey Lunatic Asylum.*—This is the sixth Annual Report of the New-Jersey Asylum. An appropriation made by the legislature of six thousand dollars, for furnishing it with an adequate supply of water and for fixtures and improvements has been applied;—

Stuart F. Randolph, of New-York, a native of New-Jersey, has presented to the institution, the sum of two thousand dollars, “to erect and furnish a museum and reading room for the use of patients, under proper regulations, and to be placed on the ground, at some convenient distance from the main building.”

Dr. Buttolph, the Superintendent, presents the statistics as follows :

	Males.	Females.	Total.
Remaining Jan'y 1, 1852,.....	85	86	171
Rec'd to Jan'y 1, 1853,.....	60	61	121
	<hr/> 145	<hr/> 147	<hr/> 292
Discharged Recovered,.....	19	26	45
“ Improved,.....	23	15	38
“ Unimproved and stationary,....	1	—	1
Died,.....	11	15	26
	<hr/> 54	<hr/> 56	<hr/> 110

The whole number of patients received and treated in the asylum since its opening, (May 15, 1848, to Jan'y 1, 1853,) have been :

	Males.	Females.	Total.
	264	251	515
Of whom have been discharged			
Recovered,.....	81	80	161
Improved,.....	62	41	103
Unimproved and stationary,.....	4	11	15
Escaped,.....	1	—	1
Died,.....	25	28	53
	<hr/> 173	<hr/> 160	<hr/> 333
Remaining January 1, 1853,.....	91	91	182

The deaths have been mostly amongst cases considered incurable, and in nine instances, the cause was the

occurrence of a dysenteric affection, following the extremely hot weather of summer.

Dr. Buttolph is very desirous of the completion of the asylum building according to the original design.

This is urged "for the two-fold purpose of extending its accommodations, and perfecting its arrangements."—At present "not more than 180 can be well provided for." The Census of 1850, make 386 insane in the State, and 452 idiotic. Many of the latter probably cases of dementia. Further "the expense of conducting the institution, as it regards the salaries of officers, in its extended form, would be slightly more than at present, hence the support of patients would be comparatively cheapened."

The second purpose of completion is to allow a "more extended and perfect classification." This is of the highest moment in institutions for the insane, as on a proper classification, the cure and comfort of patients greatly depend. "If the noisy and vociferous, the profane, the violent, the vulgar and filthy, are indiscriminately mingled with the quiet, the harmless, the cleanly and timid, an effectual barrier is raised to prevent the cure of many and the comfort of all."

Twenty-eight pages of the report are occupied with an Essay by the Superintendent, entitled "*Insanity or Mental Derangement. An Inquiry into its nature, forms, causes, means of prevention and general principles of treatment.*" It is deeply imbued with what by distinction are styled "*The Doctrines of Phrenology.*"

2. *Massachusetts General Hospital.*—Under this general title, is included the "*Thirty-fifth Annual Report of the Physician and Superintendent of the McLean Asylum for the*

*Insane to the Trustees.*" The statistics as we gather them from the tables, are as follows—

Remaining, end of 1851,.....	191
Admitted during 1852,.....	145—336
Discharged,.....	135
Remaining at end of 1852,.....	201

Dr. Bell's views in regard to the present capacity of the Asylum, the propriety of its enlargement, and the increasing necessity for more extended accommodation for the Insane, are best found in his own language—

"We have tried to receive as large a proportion of those for whom application has been made, as we could feel at all justified in doing. If we have erred in this duty, it is in being over persuaded to receive pressing cases, beyond the true limits of our accommodations. None who have not been subjected to the trial, can well judge of the pain of refusing and turning back upon the anxious, exhausted and hopeful friends a case of high excitement or determined suicidal propensity, brought to our door. The call for room the past year, has far exceeded any thing in our former experience. It is within bounds to say, that we have been obliged to refuse more female patients than we have received, and probably as many of both sexes as we have admitted.

"The other hospitals of New England have been crowded, and the opening of each new institution has failed to relieve us of the press for places. Some, like that excellent institution, the Butler Hospital at Providence, which was arranged for what was thought a most ample magnitude for the district it was to accommodate, seemed to relieve us for a while, but their limit is also reached.

"I am perfectly aware that your Board in common with all experienced authorities, have uniformly entertained the conviction, that the absolute number of insane persons under one charge, ought not to exceed about the present number here. No one director, no matter how vigorous physically, energetic intellectually, or blessed with sensibilities ever cheerful and unflagging, can stand the pressure of a greater duty than this for many years and live. That mortality which has swept away so many of our beloved band of brethren in this speciality within a few years,—leaving me at no advanced age the oldest in service, is too melancholy a proof, that they who have attempted duties beyond a certain limit, have uniformly fallen overpowered at the wayside.

"I surely would be the last to recommend any augmentation of numbers in this place, but would rather prefer a plan by which for some

years at least, a reduction should be effected by giving up the irregular additions which we have forced into the service. A new institution on the same basis and with the same essential features as to regimen as this, and of a similar magnitude, would meet the emergency for another generation. I see no other way to provide for it but this.

In advocating the entire separation of the sexes, and their treatment in institutions removed from each other, he says :

"If it be considered as settled, that this Asylum should not be enlarged, but that another like it shall be added under the same control, and departmental to the Massachusetts General Hospital, the question arises, whether a repetition of this should be decided upon, or a division, by which the sexes should be separated, and each arranged for by itself ?

"This is a point easily settled in my mind. There are no advantages of which I am aware in having the insane of both sexes in one institution of this kind, whatever may be the case in pauper establishments, or where labor is expected of the inmates. On the contrary, there are many inconveniences and disadvantages. The customary arrangement of patients of both sexes in the same place, doubtless had its origin in the expectation that only so many sufferers could be aggregated as would be sufficient for the full employment of a single directing head. It seems not a little singular that a custom entailing so many objections should have been continued, where its original basis had ceased to exist.

"The arrangements here existing with a few changes would meet the demand for a single sex, as fully as they now do for both. In such a separation as that suggested, it would probably be found expedient to continue this as the Male Department. The reasons for this will be found in the strong and solid construction of every part of these edifices, which would not be required in buildings for females. A more retired situation would be more congenial and appropriate to them.

"Under the present style of accommodations for the insane, reached by an experience commenced here and every year matured and perfected in new undertakings, a considerable outlay for each patient is inevitable, but it is certain that a Department for Females could be provided within a few miles of the city, at a vastly less proportionate outlay than here has been required, beginning as our founders did *de novo*, and entirely without any experience as to what was needed. A true taste would seem to require something for this purpose after the type of an elegant villa, in a retired location, rather than any form of those ostentatious structures, too frequently selected as designs for hospitals, adorned with domes, columns and such costly appendages."

3. *The Pennsylvania State Lunatic Hospital.*—The managers represent that the building is going on to completion, and that it now contains apartments for more than three hundred patients, and for all who are in any way employed in their care.

The Superintendent (Dr. John Curwen,) reports :

	Males.	Fem.	Total.
Remaining December 31, 1851,.....	24	13	37
Admitted during 1852,.....	65	53	118
	89	66	155

Discharged :

Restored,.....	13		
Improved,.....	16		
Stationary,.....	10	29	19
Died,.....	7		
Eloped,.....	2		
	48		

Of the deaths, the causes in 5 were from exhaustion, following either acute or chronic mania.

This is a new institution, yet from the following extracts it appears that extensive alterations are already required. The medical Superintendent was not appointed until the building was completed.

“The alterations and improvements in the building, which were directed by your board, have all been completed; and although they involved a considerable outlay of money, they have contributed very materially to the comfort and convenience of the inmates.

“The windows, which were all so open between the sash as to admit a large amount of cold air in windy, wintry weather, have been so far tightened as to exclude the air to a very great extent.

“The hot air flues which were too small, and on that account insufficient to convey the heat to the wards, were all reconstructed during the Summer, so that now the warm air is admitted into the wards in much larger volume, and not as highly heated. From the experience which we have thus far had, these flues appear to answer the object very well, and the registers in the halls and in the parlors are so arranged that the amount of heated air admitted may be regulated at any time without the least difficulty. A number of foul air flues were also constructed to re-

move any foul air in the halls and in the parlors. These latter flues all terminate in the attic, and it is designed to connect them with a shaft heated by a coil of steam pipe so as to give a strong ventilation to the wards.

"The shafts for the admission of "fresh air" into the hot air chamber, have all been extended to such a distance from the building as to be removed from the influence of any currents or eddies created by the projections of the building, and it is designed to erect over the openings neat but plain structures which may be ornamental and at the same time prevent anything from being thrown into these air shafts. When the structures over the openings are finished, the air will be admitted not less than ten feet from the ground, and passing along the whole length of the shaft will be gradually equalized and admitted into the hot air chamber much more equally and regularly than before; while in summer, the air passing through these under-ground passages will be gradually cooled, and a gentle current of temperate air will be constantly passing through the wards, thus rendering them much more pleasant and purer.

"The alterations in the bath rooms have also all been completed, and the arrangements now are such as to conduce very materially to the comfort and convenience of the patients,

"The bath tubs have all been so arranged that both the hot and cold water are admitted through the bottom of the tub, and the water after being used is withdrawn at the same opening. Stationary wash basins, with hot and cold water, have also been put up, two in each ward, made of cast iron with a view to their durability. Sinks for the waste water have also been placed in each bath room. The floors of all the bath rooms have also been oiled, so as to prevent the absorption of moisture.

"The alterations in the water closets were delayed until a plan was found which was believed to combine every essential requisite, convenience, durability, freedom from the many annoyances so frequently attendant on such fixtures, and at the same time economy. They are all so arranged that a downward draught is secured in each sufficient to draw down the flame of a candle, and thus the air of the ward is prevented from being contaminated, and as every part of the structure is of iron, no trouble need be anticipated from the absorption of any unpleasant effluvia. In addition to the arrangement for a downward ventilation, it is so arranged that whenever the door of the room is opened, either in entering or in going out, a valve is also opened by which a stream of water is thrown into the soil pan sufficient to cleanse it entirely.

"In these alterations much expence has necessarily been incurred, but as they were indispensably necessary and have been made so as to obviate the necessity of such alterations being again required, it is believed that true economy has been consulted.

"If it had been possible to avoid the expense attendant upon these alterations, it would most assuredly have been done, but the experience of the last winter proved to a demonstration the total inefficiency of the hot air flues for the conveyance of an adequate supply of warm air into the wards; the cold air shafts were so built that too much air on one side of the house and too little on the other was admitted into the hot air chamber, so that while the current on one side was too violent, on the other it was not sufficiently strong to displace the hot air in the air chamber and drive it upwards. The other alterations were also imperatively demanded, as the water closets were nearly all out of order before they had been in use three months, and the bath rooms were necessarily incomplete without some place into which the waste water could be thrown, while the original fixtures were very inconvenient and of a character to occasion a great amount of trouble."

4. *The Pennsylvania Hospital for the Insane.*—The reports of Dr. Kirkbride are models of lucid arrangement. Every subject has its proper place, and is briefly but fully considered.

At the commencement of the year there were in the institution 216 patients; admitted during the year 197. Average number treated 226, whole number 413.

There were discharged in 1852, cured 99, much improved 18, improved 36, stationary 17, died 28. Of the 99 cured only 4 were residents over a year.

Among the deaths, 5 were from acute mania, 2 exhaustion from refusal of food, 1 suicide. Five of these died within 10 days after admission.

We make some selections :

FARM AND GARDEN.—It has become so well understood that a farm and garden are essential parts of the means of treatment of a Hospital for the Insane, that they are now almost universally placed under the same general superintendence as the other parts of the establishment. In this way, they can scarcely fail to prove exceedingly valuable, by contributing to the comfort, happiness, and restoration of many patients, as

well as for the convenience and profit resulting from the abundant supplies of fresh vegetables derived from them. Although these last are really important, it should be with special reference to the former that we make our estimate of the true value of a farm and garden in connection with such a Hospital.

"No new institution, I feel quite confident, will hereafter be put up, on less than one hundred acres of land, which amount seems to be indispensable to give the proper degree of privacy, to provide sufficient means of labor and of exercise, and to furnish the supplies that are required."

Dr. Kirkbride has a library in each ward for the use of patients and attendants, and now contemplates establishing one in the basement for the use of domestics.

Gas has been introduced during the past year, obtained from the Philadelphia gas works at a cost of \$2,895.

"The fixtures which have been put up are of a plain, but neat and substantial character, and the gas has been introduced into every place where it was thought desirable to have it. It may also be mentioned in this connection, that in no part have arrangements been made to turn up the fixtures when not in use; and, of the whole number, there is but one burner, the cock of which is turned with a key."

The following improvement is of the highest importance. The means of extinguishing fire readily should not be wanting in any Asylum:

"SUPPLY OF WATER.—The steam engine and pumps referred to last year as having been just introduced, continue to work to our entire satisfaction.

"For the purpose of rendering our apparatus for extinguishing fire more complete, 600 feet of three-inch cast-iron pipe have been laid in front of the Hospital, and at a distance of about 65 feet from the main building. Along the line of this pipe, five fire plugs have been placed, and 500 feet of hose, now owned by the Hospital, will enable us to carry water from them to any part of the building. This new pipe is connected with that through which the water is pumped into the tanks in the dome of the centre building. This arrangement enables us, in case of accident, first, to use whatever water is in the tanks, and afterwards by putting the steam-engine in motion, to use it as a fire engine with an almost unlimited supply of water, and to direct the same through the hose upon the fire wherever it may be situated. The engine can be put in

motion at any time in thirty minutes after an alarm is given, and, until it is started, the water in the tanks will give a good supply with a head of nearly 70 feet.

"**CALISTHENEUM.**—A neat structure, 60 by 9 feet in size, has been put up in the ladies' pleasure grounds, intended to give an opportunity for the free use of the various calisthenic exercises which have there been introduced for the benefit of the female patients of the Institution."

The report contains some excellent remarks in regard to the system of restraint, which we should copy had we room.

5. *The Friends' Asylum* is under the care of Dr. J. H. Worthington. On the 1st of Third month, (we preserve the term to show the character of the institution,) 1852, there were remaining :

	Males.	Females.	Total.
Admitted during the year,.....	27	25	52
	16	12	28
	43	37	80

"Since the Institution was opened for the reception of Patients in 1817. There have been

Admitted, .....	1,169
<b>There have been discharged</b>	
Restored,.....	515
Much improved,.....	115
Improved,.....	135
Stationary,.....	193
Died,.....	155
	1,113
Remaining,.....	56

6. *The New York State Lunatic Asylum.*—Dr. Benedict, the medical Superintendent, presents the following statistics :

	Males.	Females	Total.
Number of patients November 30, 1851,.....	220	215	435
Received during the year,.....	200	190	390
<b>Total, .....</b>	<b>420</b>	<b>405</b>	<b>825</b>

	Males.	Females.	Total.
Discharged recovered,.....	92	64	156
Much improved, .....	7	4	11
Improved, .....	21	21	42
Unimproved, .....	63	89	152
Died, .....	22	17	39
	205	195	400

The number of applications has been greater than in previous years. There were admitted this year 24 more patients than last. Sixty were necessarily refused; 38 from this State and 22 from others, to which might be added 37 patients removed to other institutions to make room for those having preference by law, making a total of 97 persons; 75 citizens of the State against whom the institution has been obliged to close its doors.

The large number of discharges "unimproved" has been made necessary by the urgent and numerous applications of those to whom the law gives preference.

The mortality for the past year is much less than for several previous years, while the amount of sickness has been about the same as last year.

"We are highly favored in being able to report no death from suicide. This year only, since the second of the institution's history, has passed without such an accident. Nor do we report any deaths from exhaustive mania. The number treated was eleven, some of whom had been greatly depleted previous to admission. We cannot urge our medical brethren too strongly to abstain from the practice of taking blood from insane persons. Our plan of treating very active insanity is directly opposed to depletion. Not one ounce of blood has been drawn from the 825 patients under treatment during the past year. We resort to stimulation in many cases with great freedom, and have seen the best evidence of its propriety."

Some improvements have been made during the year:

"Of the bath rooms, sink rooms and water closets needing repair, 16 have been gutted from the basement to the attic and entirely rebuilt, with fixtures new in their arrangements, and equal if not superior to any now in use. The water closets especially work very satisfactorily. These have each a distinct soil pipe with downward draught, no wood work about the hoppers except the seat, which is hinged to the wall, and when depressed opens a valve admitting a bountiful supply of water."

The legislature made an appropriation for warming and ventilating the building :

It contemplates heating and ventilating the entire building by steam, the boilers and fires placed at a point remote from the main building ; the heating chambers to be about six feet wide in the ground and basement story underneath the halls on one side, and running their entire length, in which the steam pipes connecting with the boilers are to be placed, arranged in separate stories, each giving its air to a corresponding floor above, having the pipes so controlled by valves that one-third, two-thirds, or the whole can be used at pleasure ; the condensed water to be returned to the boilers by a pump driven by an engine of sufficient power. The air to be warmed enters by a single passage, near the mouth of which there is a fan by which the ventilation may be carried to any extent, the air flue giving off a just proportion of air for each heating chamber, passing it first into an equalizing chamber, from which it goes into the heating chamber where it comes into contact with the steam pipes, is heated and passes on to the halls above. From the halls the air is drawn into the bedrooms from which the ventilating flues proceed, every room having a distinct flue one foot in diameter, opening both at the floor and ceiling, all of which ventilating flues terminate in a common trunk in the attic equal in size to their combined dimensions, which discharges into the external atmosphere through the cupola, the current being created by the fan at the inlet, assisted also in summer by radiating pipe in the attic portion of the trunk."

7. *Bloomington Asylum*.—The number of insane on

the 31st of December,.....	122
Admitted during the year,.....	104
	<hr/>
	226

Of the cases discharged during the year, there were

Recovered, .....	49
Improved.....	25
Unimproved.....	15
Died.....	18
Remaining Dec. 31, 1852,.....	119
	<hr/>
	226

"The number of patients admitted in 1852 is larger than it had been for the last three years preceding, and since certain classes of pauper patients supported at public expense have been withdrawn in consequence of the establishments of asylums elsewhere.

"This Asylum is not now to any great extent used for the entirely gratuitous reception of the insane poor. These have for some years past been provided for in the city institution on Blackwell's Island, and at the State Asylum at Utica. But the charge for support and care is fixed at a rate much below that which any private enterprise could afford, and not more than sufficient to defray the expense of personal support."

8. *Asylum on Blackwell's Island.*—During the last year, 495 patients have been admitted, of which number, 259 were residents of the City, 228 were supported by the Commissioners of Emigration (and of course, foreigners) and 8 belonged to other Counties in the State. The number of patients remaining.

	Males.	Females.	Total.
Jan'y 1, 1852, was.....	233	284	517
Admitted,.....	241	254	495
	474	538	1,012
Of these, there were discharged during the year,....	178	177	355
Died,.....	70	60	130
Remaining, Dec'r 31, 1852,.....	226	301	527
Of the number discharged			
248 were recovered.			
89 " improved.			
18 " unimproved.			
			335

"Two years and seven months have elapsed since a suicidal death occurred in the institution." There have however been a number of attempts.

9. *The Vermont Asylum.*—Another wing of this institution has been completed, and an ample supply of water obtained. Other improvements are in contemplation.

	Males.	Females.
The number of patients remaining August 1851, was	169	166
Admitted during the year,.....	79	82
Total,.....	248	248
Discharged during the year		
Recovered,.....	78	
Improved,.....	20	
Not Improved,.....	16	
Died,.....	31	
	145	
Remaining,.....	351	

Dr. Rockwell gives extracts from letters, showing the the kind feelings of recovered patients towards the institution and its officers.

10. *The Illinois State Hospital* was opened for the reception of patients, Nov. 3, 1851.

	Males.	Females.
From Nov. 3d, 1851, to Dec. 1st, 1852, there were rec'd	73	65
65 of these were recent cases.		

		Males.	Females.
There were discharged, Cured.....		18	16
"          Much Improved.....		2	2
"          Improved.....		1	4
"          Unimproved.....		4	3
Died.....		1	5
		26	30

We have not received the Reports made by the Trustees to the Legislature in which the building is described.

When the Asylum was opened, it was in an unfinished state, which subjected the officers to great inconvenience, but the applications were so numerous and pressing that this was passed over.

" During the present year a building 56 by 30 feet, and two and a half stories high, has been erected 80 feet in the rear of the centre building of the Hospital, and to be connected with it by a latticed passage way proceeding from the second story. This building is designed for a laundry, drying and ironing room, kitchen, bakery and dormitories for the domestics and others employed on the premises. Attached to the rear of this building, is a shed for the boiler and engine room.

" The steam used for warming and ventilating the Hospital, is generated in two boilers, each 20 feet long, 4 feet in diameter, and containing 4 flues.

" The steam is conducted from the boilers to the hot air chambers under the wings, through a cast iron pipe 6 inches in diameter, covered with felting, and placed in an archway under the ground, to protect it from the atmosphere and prevent radiation.

" The heating and ventilation is effected by passing large quantities of pure air among wrought iron tubing, disposed in horizontal layers, through which the steam constantly circulates, and on being condensed parts with its latent heat. The water formed by this condensation, is returned to the force pump, and from thence to the boilers through a large wrought iron pipe.

"An important feature in the construction of this apparatus, is the complete separation of the various heating apartments, instead of one long chamber extending the whole length of the ward, the heretofore most approved plan. Our entire heating surface is divided in each wing, into eight different compartments; two of which are allotted to each ward, and deliver their warm, pure air through numerous flues in the inside walls, opening near the ceiling of the Halls; thus securing to each ward its proper amount of warm air.

"Ventilation is effected by flues placed for the purpose in the outside walls, and opening at the floor, in each separate room, thus maintaining a constant circulation of pure, warm air from the ceiling to the floor, and from the halls through the rooms to the outside walls. These flues terminate in a large shaft 5 feet square, discharging their impure air into the ventilating cupolas.

"The openings for the admission of cold air into the heating apartments amount to 45 square feet in each wing, and the motion of the air through these apartments is computed at 4 feet per second, so that the actual amount of pure warm air supplied to the wards is 10,800 cubical feet per minute to each wing, or 21,400 to the whole building. Thus, during every 15 or 20 minutes, the whole amount of air in the wings is changed, and a most thorough ventilation effected, an indispensable condition of success in all efforts and means for the well being and restoration of the insane."

The By-Laws are such as would meet with approval in modern institutions.

11. *The New Hampshire Asylum*.—"A change of superintending officers of the Asylum," (we quote from the report of the Trustees) "has taken place during the past year. Dr. Andrew McFarland, who had with signal ability and devotion discharged the duties of Superintendent of the institution for about seven years, resigned his trust in July last. Dr. John E. Tyler was appointed Superintendent on the fifth day of October last, and entered upon the discharge of the duties of his office on the first of November following."

It is not among the least interesting facts connected with the history of this Asylum, that the late Countess of Rumford, a native of Concord, but long resident in Eu-

rope, and Mrs. Mary Reed of Boscawen, made bequests during the past year to an amount exceeding \$15,000.

The statistics of the institution as given by Dr. Tyler, are as follows :

	Males.	Females.	Total.
Remaining May 31st, .....	63	55	118
Admitted to June, 1853.....	68	64	132
	<hr/> 131	<hr/> 119	<hr/> 250

Discharged :

	Males.	Females.	Total.
Recovered, .....	41	22	63
Partially recovered, .....	5	10	15
Unimproved, .....	6	5	11
Died, .....	5	3	8
	<hr/> 57	<hr/> 40	<hr/> 97

12. *Mount Hope Institution.*—During the ten years of the existence of this institution no less than 1,273 have received treatment in the Insane department, and 881 in the department for general diseases. Total 2,154.

There were at the commencement of the year of insane patients.

	Males.	Females.	Total.
	34	64	98
Admitted in the course of the year, .....	41	42	83
	<hr/> 75	<hr/> 106	<hr/> 181
Of which were discharged Recovered, .....	19	23	42
“ “ Much Improved, ..	13	11	24
“ “ Unimproved, .....	9	3	12
Died, .....	3	5	8
	<hr/> 44	<hr/> 42	<hr/> 86

“ Of the cases under treatment during the past year, fifty-nine were recent, or of a less duration before admission than twelve months.—Thirty-six of these have been discharged restored.”

13. *Butler Hospital.*—“ According to the usual custom (says Dr. Ray,) I present the following numerical statement of our results during the past year, being the fifth of the existence of the institution.”

	Males.	Females.	Total.
Remaining Dec. 31, 1851,.....	61	66	127
Admitted during 1852,.....	39	62	101
	<hr/> 100	<hr/> 128	<hr/> 228
Discharged Recovered,.....			30
" Improved,.....			36
" Unimproved,.....			5
Died,.....			15
	<hr/> 36	<hr/> 50	<hr/> 86
Remaining, .....	64	78	142

Dr. Ray occupies 16 pages of his report in reviewing the causes tending to increase insanity. The great mental activity of the age expended in the ordinary business of life, in the arts, in manufactures, machinery, in following up various *isms* and *ologies*, the disposition to exaggeration in intellectual manifestations, the individual interest and excitement necessarily connected with our form of government; all, he seems to think, are hastening to evil,

"The most discouraging feature of which is that it seems to be beyond the reach of any practical remedy."

We scarcely share in the despondency here foreshadowed. Although we live in "spirit rapping times," and in the days of "California Gold," yet we are old enough to remember having lived *out* the popularity of many most pernicious doctrines in morals, education and legislation, and can even see the dawn of a better day, as to some opinions on the subject of insanity. We therefore hope, but it is not without some "fear and trembling."

14. *The Stockton Hospital, Cala.*, has been in operation two years. Within the past year provision has been made for the reception of insane patients. This branch was opened May 14, 1852.

It is cheering to find in our rapidly extending country, that the cause of humanity is never forgotten; but about

two years has elapsed since the admission of California as a State, and it has a hospital for the insane!

From the report of Dr. Robert K. Reid, Resident Physician, we have the following:

"Admitted from May 14, 1852, to December 31, 1852, 113 males, 11 females. Discharged 58 males, 4 females.

"In the table of causes nothing new appears. Of the 124 patients, 63 were Americans, representing twenty-five States of the Union, and of which New York and Virginia had the largest number, and 61 foreigners, from fourteen countries, and of these England and France were the largest contributors.

As to occupations, although these were extremely various, still miners exceeded largely any other, 30 belonging to that class.

	Males.	Females.	Total.
The married were,.....	27	5	32
The widowed,.....	14	3	17
Unmarried,.....	72	3	75
			<hr/> 124

15. *The Missouri Hospital* was opened for the reception of patients, May, 1852\*. The present report bears date of November, 1852, up to which period 70 (36 males and 34 females) were admitted. Of these there had been discharged 8.

The report contains 62 pages. The By-Laws correspond with the opinions of the Association of Medical Superintendents, as expressed in their proceedings, and in the 26 Resolutions of this body passed in 1851, all of which Dr. Smith has printed in his report.

16. *Hartford Retreat*.—Dr. John S. Butler, the Superintendent, after a severe illness of some months, is now abroad, as we trust, recruiting his energies by travel; the present report is therefore made by Dr. E. K. Hunt, the acting medical Superintendent.

\* For description of building, heating apparatus, water supply, &c. See *Jour. Insanity*, Oct. 1852.

The admissions and discharges have been as follows :

	Males.	Females.	Total.
Remaining,.....	88	93	181
Admitted,.....	66	74	140
	154	167	321
Discharged recovered,.....	32	32	64
Much improved,.....	10	11	21
Improved,.....	8	11	19
Not improved,.....	13	13	26
Died,.....	11	10	21
	74	77	151
Remaining,.....	80	90	170

The following will excite surprise among our English readers :

" In the history of the Retreat no legislation has ever been had, relative to the admission and discharge of patients. The security of the public demands, as it seems to me, that some simple and readily accessible means of a careful investigation of each case, by some independent and impartial individual or tribunal, should be provided by legislation, and its requirements in all cases complied with."

17. *Boston Lunatic Asylum.*—There were remaining in the Hospital :—

	Males.	Females.	Total.
December 1, 1851,.....	100	141	241
Admitted during the year,.....	41	11	52
	141	152	293
Discharged Recovered,.....	17	5	22
" Improved,.....	2	1	3
" Not Improved,.....	1	1	2
Died,.....	14	8	22
	34	15	49
Remaining,.....	107	137	244

"The assigned causes of the disease, are nearly the same as in former years, none of the high pressure "isms" of the day, acting with much force upon the class that seeks a refuge here."

It will be recollected that the Boston Lunatic Hospital is altogether a pauper institution. Its previous crowded

condition rendered it absolutely necessary to diminish the number of admissions during the current year.

Clement A. Walker, M. D. is now the Superintendent.

18. *Western Lunatic Asylum*.—Dr. Stribling, the Physician and Superintendent gives a tabular statement of the patients remaining in the Asylum, with separate columns for age, sex, civil condition, apparent form of disease, its supposed cause, duration, when admitted, time spent in the Asylum, present condition and prospect.

Although the list ends with 1,144, No. 1 a male is still remaining, after a residence of nearly 24 years, unimproved. So also No. 3, a female, aged 55. The number, at the beginning of the year, was

	Males.	Females.	Total.
	179	133	312
Admitted during the year,.....	79	47	126
	258	180	438
Discharged Recovered,.....	27	24	51
“ Much Improved,.....	4	2	6
“ Improved,.....	1	3	4
“ Unimproved,.....	—	1	1
Eloped,.....	2	—	2
Died,.....	23	12	35
	57	42	99
Remaining,.....	201	138	339

The *average* annual number of patients from 1828 to 1852, has been 153.12.; the same annual average of deaths has been 9.84, being a per-centage of deaths 6.42.

The farm, dairy and garden are profitably and most usefully cultivated by the patients.

The following should be impressed on the friends (medical as well as others) of patients.

“ A class, from among whom we have had to deplore the arrival here during the present year of not less than six or eight, and who have contributed much to swell our list of mortality, is composed of those who, whatever the duration of their insanity, are so prostrate from physical

disease, as not only to render the exercise of travel unsafe, nay, almost certainly fatal, but whose wants are such as to make home, with the kind attentions and sympathies of the domestic circle, much more efficient and desirable than any substitute to be found in a public institution."

19. *Lunatic Asylum, Virginia*.—Dr. Galt had previously presented his usual Annual Report to the Legislature, but as an adjourned session was to be held, and some action was taken as to reports generally from the public institutions of this State, it was thought advisable (as we understand it) to make the present representation. We also infer that hereafter reports are to be made every two years.

The number of patients in the Eastern Lunatic Asylum for the year ending Oct. 1, 1852, is thus stated

	Males.	Females.	Total.
Remaining, Oct. 1, 1851,.....	113	80	193
Received since,.....	33	21	54
	<hr/> 146	<hr/> 101	<hr/> 247
Discharged,.....	9	11	20
Deaths,.....	12	4	16
	<hr/> 21	<hr/> 15	<hr/> 36
Remaining,.....	125	86	211

The deaths have been chiefly among the old incurable cases, and are owing principally to a very great tendency to diseases of the bowels.

20. *Ohio Lunatic Asylum*.—Dr. Elijah Kendrick is the present Medical Superintendent. He succeeded Dr. S. Hanbury Smith, who was removed. He entered on his duties, July 1, 1852.

The following are the important statistics :

	Males.	Females.	Total.
Remaining Nov. 15, 1851,.....	150	151	301
Received during the year,.....	149	126	275
	<hr/> 299	<hr/> 277	<hr/> 576

	Males.	Fem.	Total.
Discharged recovered,.....	70	71	141
“ Improved,.....	27	31	58
“ Unimproved,.....	35	24	59
Died,.....	37	21	58
	<hr/> 169	<hr/> 147	<hr/> 316
Remaining,.....	130	130	260

One new thing has been introduced by Dr. Kendrick; the practice of burying the dead with the usual ceremonies, and attended by the patients. The influence of such services on the minds of the sick and insane remains to be shown.

21. *The Maryland Hospital.*—Dr. Fönerden, in his brief report, makes the following statement :

	Males.	Females.	Total.
Remaining Jan. 1st, 1852,.....	63	67	130
Admitted during the year, .....	26	8	34
	<hr/> 89	<hr/> 75	<hr/> 164

Discharged :

Recovered,.....	5	5	10
Improved,.....	2	1	3
Unimproved,.....	10	5	15
Died,.....	4	2	6
	<hr/> 21	<hr/> 13	<hr/> 34
Remaining,.....	63	62	130

The State and individuals acting under its authority, are making every effort to erect a new State Asylum, a brief notice of which is given in our previous pages, and we can only hope that it will be eminently successful.

22. *Provincial Lunatic Asylum of New-Brunswick.*—The Commissioners report the completion of various improvements and the projection of others. Dr. Waddell has been permanently appointed Medical Superintendent. The subject of warming and ventilating the buildings engages the earnest attention of the authorities, and they

are procuring plans and descriptions of the most effective apparatus in use.

There remained at the end of the year.....	99
Received during 1852 .....	88
	<hr/> 187

Of these, there have been discharged

Recovered,.....	30
Much Improved,.....	5
Improved,.....	3
Unimproved, .....	1
Died,.....	16
	<hr/> 55
Remaining,.....	132

Of the whole number, more than half were incurable cases, which accounts for the less per centage of cures, the high ratio of mortality, and the number remaining. Indeed, many are chronic cases, which have been committed from time to time for safe keeping, and the usual attentions of Lunatic Asylums.

Dr. Waddell mentions, with emotions of gratitude, that during upwards of the three years that he has charge of the institution, no suicide has occurred.

In the Appendix, several extracts are given from standard writings, such as observations on Moral Insanity, extracted from Prichard; Dr. Ray, on the feeling of the partially restored moral lunatic after leaving an asylum; and a description of some of the benefits accomplished by asylums for the insane.

23. *The Provincial Lunatic Asylum, at Toronto.*—The Superintendent and Physician, John Scott, M. D., makes the following report for the year ending November 1, 1852.

	Males.	Females.	Total.
Remaining Nov. 4th, 1851,.....	136	131	267
Admitted during the year,.....	82	67	149
	<hr/> 218	<hr/> 198	<hr/> 416

Being an increase of 92 on the number given in the report for 1851.

## The discharges are

Recovered (or nearly 45 per cent on the admissions).....	67
Improved,.....	6
Not improved,.....	3
Eloped.....	4
Died, (6½ per cent on the whole number).....	23
	<hr/>
	103

Remaining,..... 308

More by 43 than at the same date in 1851.

"It thus appears that the admissions continue steadily to increase, and that there is a corresponding accession to the number remaining on hand, of whom the great majority will never be removed but by death, as they are persons in indigent circumstances whose insanity had existed so long prior to admission, as to shut out all hope of their restoration to reason."

Among the deficiencies mentioned by Dr. Scott, is that of an infirmary for the care of the sick. This is undoubtedly of great importance and hitherto has not as a general thing been duly considered in the construction of lunatic hospitals.

*Twentieth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, December, 1852. Boston, Mass., 1853.*—From the Superintendent's report to the Board of Trustees, we gather the following statistics:

	Males.	Females.	Total.
Remaining December 1, 1851,.....	242	224	466
Admitted during the year,.....	148	161	309
	<hr/>	<hr/>	<hr/>
	390	385	775
Discharged Recovered,.....	55	48	103
" Improved,.....	16	18	34
" Incurable,.....	35	26	61
Died,.....	20	25	45
	<hr/>	<hr/>	<hr/>
	126	117	243
	<hr/>	<hr/>	<hr/>
Remaining Nov. 30th, 1852.....	264	268	532

Dr. Chandler's report contains sixteen very concisely arranged tables, embodying very many important statistics, both in relation to his own institution, and the subject of insanity generally.

In support of Dr. Bell's urgent appeal for more extended provision for the insane in the State of Massachusetts, we make the following extract in regard to the overcrowded state of the Asylum at Worcester:

"When our number had risen up to five hundred and fifty-two patients, your Board was compelled, by the extreme necessity of the case, "in order to afford suitable accommodation for the remainder of them," to remove to houses of correction of their respective counties, about thirty of the violent insane. It was with great reluctance that such a step was advised. But a crowded hospital for the insane—especially the violent insane—is extremely difficult to manage, and liable to accidents even under the most vigilant supervision. As we have had an average during the whole year of about one hundred and twenty-five patients more than single rooms for them, we have been obliged of course to place two beds in several of our small dormitories. We have no associated dormitories, except the infirmaries, which have been crowded as sleeping rooms for the more quiet class."

The continued good health of the inmates of the institution, their freedom from the usual diseases of Summer, their almost perfect immunity from all prevailing epidemics, and acute diseases during the whole of the past year, has been particularly fortunate. For in its overcrowded state, having, as the Trustees report, been compelled to open its doors for the admission of one hundred and twenty-five patients more than it has accommodations for; the mortality attending the breaking out of any of those diseases to which large institutions are so frequently liable, might have been very great. But it is a source of gratification to know, that a new institution will be soon opened in that State, affording at least temporary relief, to the asylum at Worcester; and to which it is to be hoped many of these poor unfortunates may return to enjoy the comforts of an asylum, from the houses "of correction and jails" into which the exigencies of the case have forced them.

Appended to this report, is the usual table of mete-

rological observations, very comprehensively and well arranged ; and also a table showing the "flowering season" of the various trees, shrubs, and plants on the Hospital Hill for fourteen years past.

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Upon the following page will be found a general summary compiled from the tabular statistics of the twenty-four Asylums, from which we have received Reports. By this table which is as full as the incompleteness of some of the statistics will allow, it will be seen that during the last fiscal year of these various institutions, there have been admitted 3,634, discharged 3,008, remaining 5,097. Three of these institutions, the Illinois State Hospital, the Stockton Hospital, Cal., and the Missouri Hospital, are new and recently opened for the admission of patients. The urgent necessity of their erection is manifest from the fact, that they have already received 332 patients, of whom 125 have been discharged, leaving 206 still under treatment. There are beside these, ten or twelve other Asylums from which we have received no Reports ; the most of these are small, however, but would together make the number of those under treatment, about 6,000—just *one-fourth* of the number of the insane in the United States, according to the census of 1850.

**GENERAL SUMMARY**  
**OF THE TABULAR STATISTICS OF AMERICAN ASYLUMS FOR THE INSANE,**  
*(Compiled from the preceding Reports.)*

Institutions.	Admissions.		Discharges.		Present No.		Recovered.		Improved.		Unimp'd.		Died.		
	Mls.	Fem.	Tot'l	Mls.	Fem.	Tot'l	Mls.	Fem.	Tot'l	Mls.	Fem.	Tot'l	Ml.	Fe.	Tot.
Mass. State Lunatic Hospital.....	148	161	309	126	117	243	264	268	532	55	48	103	16	18	34
New Jersey State Asylum.....	60	61	121	54	56	110	91	91	182	19	26	45	23	15	38
N.Y. McLean Asylum.....	65	53	118	29	19	48	60	47	107	37	35	72	6	11	17
Penn. State Lun. Hospital.....	16	12	28	198	115	100	215	55	56	11	16	27	54	17	12
Penn. Hospital for Insane.....	200	190	390	205	195	400	215	210	425	72	64	136	28	25	53
N. Y. S. Lunatic Asylum.....	56	48	104	58	49	107	52	67	119	25	23	48	10	13	23
Bloomington Asylum.....	241	254	495	178	177	355	226	301	527	19	23	42	89	11	100
Blackwell's Island Asylum.....	79	82	161	145	145	351	43	39	82	18	16	34	20	16	36
Vermont Asylum.....	73	65	138	26	30	56	43	39	82	18	16	34	6	9	15
Illinois State Hospital.....	68	64	132	57	40	97	70	73	143	41	22	63	5	10	15
New Hampshire Asylum.....	41	42	83	44	42	86	33	62	95	19	23	42	13	11	24
Mount Hope Institution.....	39	62	101	36	50	86	64	78	142	32	30	62	9	3	12
Batler Hospital.....	113	11	124	58	4	62	55	7	62	2	2	4	3	3	6
Stockton Hospital, Cal.....	36	34	70	2	6	8	34	28	62	2	2	4	3	3	6
Missouri Hospital.....	66	74	140	74	77	151	80	90	170	32	32	64	18	22	40
Hartford Retreat.....	41	11	52	34	15	49	107	137	244	17	5	22	2	1	3
Boston Lunatic Asylum.....	79	47	126	57	42	99	101	138	339	27	24	51	5	5	10
Western Asylum, Va.....	33	21	54	21	15	36	125	86	211	70	71	141	27	31	58
Eastern Asylum, Va.....	149	126	275	169	147	316	130	130	260	70	5	10	2	1	3
Ohio Lunatic Asylum.....	26	8	34	21	13	34	68	132	130	5	5	10	2	1	3
Maryland Hospital.....	82	67	149	108	108	300	310	310	597	67	67	134	8	1	9
Provincial Asylum, (N. B.).....															
Provincial Asylum, Toronto.....															
Total.....	3634	3634	7268	3003	3003	6006	5097	5097	10194	597	597	1194	67	67	134

## ARTICLE VI.

## LAW CASES BEARING ON THE QUESTION OF INSANITY.

Having an opportunity of examining many of our Law Reports and Periodicals, it has occurred to us that brief abstracts of cases, may be of use to at least a portion of our readers.

*Supreme Court of the State of New York.*—*De Witt vs. Barley.*—This was an action of ejectment tried at the Ulster Circuit before Justice Harris, in May, 1851. The plaintiff claimed, by virtue of a devise in the will of his father, Henry De Witt, executed May 2, 1837. The testator died May 5, 1850. The defendants claimed under a deed from Henry De Witt to John H. DeWitt, dated June 18, 1849. The plaintiff attempted to show that at the time the deed was made to John H. De Witt, Henry De Witt had so far failed in intellect as to be incapable of transacting business, and that the deed was produced by undue influence.

In the course of the trial, the plaintiff was permitted in several instances to take the opinion of a witness as to the grantor's capacity, founded upon facts within his personal knowledge, and disclosed by him on the trial. The defendant's counsel excepted to the reception of such evidence.

The Court, by Judge Parker, made a decision as follows: "Upon a question as to the mental capacity of the grantors in a deed, the opinion of a witness founded upon facts within his personal knowledge, and disclosed by him upon the trial, is competent evidence."

The Court sustained the recent opinion of Judge Willard in *Culver vs. Haslam*. "On a question of mental capacity, the opinion of an acquaintance, *not a medical man*, as to the condition of the grantor's mind, is competent when connected with facts and circumstances within his knowledge, and disclosed by him in his testimony as the foundation of his opinion; though the Court very properly said that the force and value of the opinion would depend on the general intelligence of the witness, the grounds on which it was based, the opportunities he had had for accurate and full observation, and his entire freedom from interest and bias."—*Monthly Law Reporter*, (Boston) May, 1853.

*State of Mississippi*.—*Ward vs. Dulaney*. 23 Mississippi Reports.—The case is thus stated: "Eccentricities in the conduct of one of the contracting parties (the female) adduced as a ground for declaring the marriage void. The marriage sustained. In other words, the question was, "Was Mrs. Loomis sane on the eighth of June, 1826, the date of the alleged marriage? She died in 1836.

On the trial, the Chancellor dismissed the bill. This was an appeal from that decision. It appears that a large number of witnesses were examined on each side, and certainly, as it seems to us, some *eccentricities* were proved by her nephew, who had been brought up by her and regarded her as a parent. On the other hand, the following summary of the defendant's testimony is thus given by Judge Yerger. 1. Up to the period of the marriage and afterwards, Mrs. Dulaney was in the habit of social intercourse among a large circle of friends, in the course of which, she demeaned herself with elegance and propriety and conversed sensibly, freely and familiarly, upon all the topics that presented themselves, without

evincing any trace of insanity. 2. She attended to her own extensive business without assistance or interference of any one, displaying in the whole of it, capacity, tact and shrewdness. 3. She was appointed guardian to Mitchell, (the nephew previously spoken of) in 1822, and acted as such, without objection, up to her marriage. 4. Before and after her marriage, she "kept house," and displayed in the management of domestic affairs as much skill, prudence and capacity as any lady in the community.

The decree, dismissing the bill, was affirmed.

*State of Maryland.*—Townshend vs. Townshend. 9 Gill's Reports.—The principal issue in this case, was whether one John Townshend deceased, was at the time of signing his will, of sound mind and capable of making it.

We confine ourselves to the testimony concerning this on each side. It was proved by those attempting to break the will, on the testimony of numerous competent witnesses, who had known him during his life, some for thirty years, that he at his decease, was a very aged man; that he had been accustomed for years to speak of himself as a spiritualized man, saying he was not in the flesh, but had died and had risen from the dead, and was to live five hundred years; that he represented that there was at all times one person on earth who was peculiar and unlike all other persons, and that he was such peculiar person then living on the earth, and that he stated that he had frequent personal interviews and conversations with GOD ALMIGHTY, and was accustomed to receive immediately from God, directions, instructions and commands, in relation to what he should do, and what he should not do.

As specifications of this last charge, it was proved that he had stated that many years ago, he had engaged

himself to be married, that as he was returning home, God spoke to him and instructed him to return to her father's, and insist, that if on trial, the betrothed did not suit him, he should have the right to return her—that God instructed him to put away his cats and dogs, and on doing so, protected him from the annoyance of rats—that he had been present at the judgment of men, and had seen the different sects brought up in order, that God, when he pressed forward, ordered him to go back among the Methodists, with various other outrageous details on this subject. We do not care to mention the blasphemies cited in the other specifications, and will only add that it was proved, that Townshend stated that God had repeatedly commanded him to set all his negroes free and give them all his property—that of the will now in dispute, he had said, it was not his own will, but God's will, &c.

On the opposite side, it was proved by competent witnesses, that John Townshend was of sound and disposing mind, and capable of making a valid deed or contract, and of managing and disposing of his property. These witnesses had known him for many years, one of them having been for a long time his family physician, and the others having been his near neighbors, from early youth they had frequently conversed with him and had heard him converse with others. These witnesses deposed that Townshend devoted much time to reading the Scriptures, and thought himself deeply versed therein, and was fond of exhibiting his knowledge of religious subjects, and of disputing on such subjects with any who would engage in controversy with him. That his opinions as expressed by him at different times, were *entirely different*, and in the opinion of the witnesses, were not seriously entertained by him, but were professed upon the

occasion, for the purpose of disputation, or to excite attention and astonishment, and they testified that his religious professions did not affect his conduct in matters of business, and they expressed the opinion that he was of sound and disposing mind and capable of making a will.

The decision of the jury was in favor of the will, and on appeal, this was sustained.—*United States Monthly Law Magazine*, June 1853.

With all due humility, we ask this question: if whether John Townshend had killed a person, his *sanity*, would with the above testimony, have ever been acknowledged? Certainly not. And here, as we have elsewhere remarked, there is a remarkable distinction taken between civil and criminal cases in this respect. Still the decision is usually with juries, and of course we can only anticipate a continuance of the diversity.

There is, however, one point in the biography of Townshend which, in a measure, reconciles us to the verdict. His insanity appears to have been *all talk*, and no *action*. Even his negroes he does not appear to have emancipated.—*Editor*.

*Criminal Lunatics*.—Lord St. Leonard, (late Sir Edward Sugden,) in introducing various bills before the House of Lords, in February last, made certain statements, which we have put in *Italics*, to attract in an especial matter, the attention of our readers. The following is the report from the London Times:

*Lunacy Bills*.—Lord St. Leonard said, that the next bill which he should lay on their lordships' table was one of three relating to lunatics—respecting which he begged to say, that no measure had ever been prepared with greater care and caution. The great object of this bill was to regulate the proceedings of the court with reference to the property of lunatics under it. As he had stated to their lordships on a former occasion, the effect of the bill if passed into a law, would be to lessen the expense of the inquiry into such cases, to prevent the unnecessary summoning of juries, to prevent unnecessary references from the Lord Chancellor to the Masters in Lunacy, to prevent the unne-

cessary attendance of next of kin, which was often attended with great expense, and to introduce, for the first time, chambers practice on the part of the Lord Chancellor with reference to lunatics. It would be a great saving of expense, and he therefore felt quite sure that whoever held the great seal would be very willing to sacrifice some short time in order to promote the object which this bill had in view. The measure had been prepared with great care, and he believed that very few cases could arise for which it would not provide. The second bill with reference to lunacy contemplated the consolidation of all the laws relating to lunatic asylums, and was a measure which he thought their lordships and the country generally would approve. The third bill connected with lunacy provided for the care and treatment of lunatics. It was an amendment of the act commonly designated Lord Shaftesbury's act, which appointed commissioners for the visiting of lunatic asylums, and it contained a considerable number of provisions which he believed would be found to be an improvement upon the original act. Like Lord Shaftesbury's bill, it did not touch criminal lunatics. He understood that it was the intention of the present government to introduce some separate measure with respect to criminal lunatics. At all events, if that were not their intention, he hoped that they would speedily direct their attention to that subject. It was certainly one which required to be treated by itself.

*It was supposed that one-tenth or one-eleventh of the criminal lunatics confined in this country were at this moment perfectly sane, and always had been sane; but that they had assumed lunacy in order to escape the punishment of the crimes which they had committed. If he could make his voice heard, he would pray persons not to fancy that they escaped punishment by affecting insanity. He had seen instances which would make men tremble if they thought of adopting that course.*

He remembered the case of two men in two of the county asylums of Ireland, who had been guilty of the crime of murder, one of them under very atrocious circumstances. They were both perfectly sane; and the agony which they experienced in passing year after year in a perfect state of sanity, surrounded by, and treated as lunatics, was greater than any amount of punishment that could have been inflicted upon them. Under the present system no attempt was made to cure criminal lunatics, but he thought it unquestionable that some steps should be taken in that direction, for it by no means followed that because a man had committed a crime no attempt should be made to restore him to reason. The hospital of Bethlehem had hitherto been excluded from the operation of the general act, but he trusted that this would not long continue to be the case. (Hear, hear.) In consequence of the reports of the Commissioners in Lunacy and of subsequent inquiries, the governors of that hospital had themselves, with great propriety, altered their own system. They had appointed a resident physician, and had determined to appoint, if they had not already appointed, another resident apothecary. (Hear, hear.)

The Lunacy Bills were then severally read a first time.

## SUMMARY.

*Michigan State Hospital for the Insane.*—The State of Michigan is now about establishing an institution for this unfortunate class of its citizens. In 1850, pursuant to a previous Act, the Legislature appointed a Board of Trustees for the location and erection of Asylums for the Insane and for the Deaf, Dumb and Blind. In 1851 the Board reported to the Legislature that they had ascertained the number and wants as far as possible of these several classes, and recommended the establishment of institutions for their care. They found in the State between three and four hundred insane persons, some of whom were with their friends, but the greater number confined in county houses and jails.—The wants of this class being of pressing necessity, particular attention was paid to the obtaining of information on the organization and construction of asylums, for which purpose a number of institutions were visited by one of the Board, and communication had with several Superintendents. As the result of their labors they recommend the immediate erection of an institution capable of accommodating 200 patients, to have attached not less than 160 acres of land, located near some town or village, built substantially and upon "the general plan of the most perfect building in the country," to be warmed by steam or hot water apparatus, and ventilated upon the most improved modern plan.

Sixteen thousand acres of land had been appropriated for such institutions. This the Board considered "totally inadequate," and recommended an additional appropriation of forty thousand dollars. "\$10,000 to be included in tax of 1851, \$10,000 in that of 1852, and \$20,000 in the tax of 1853."

We learn, that since this report was made, an Act has been passed by the Legislature, (Feb'y 14, 1853,) appropriating \$23,000 to the Asylum Fund, of which \$10,000 is to be used during 1853, and the same amount during 1854, in the construction of buildings for the Insane, and the remaining \$3,000 for the Dumb and Blind, in addition to \$5,000 formerly

appropriated. One Board of Trustees, elected by the Legislature, in joint connection, and holding office for four years, have in charge all these asylums. The present Board consists of Sheldon McKnight, (Pres't,) Israel Kellogg, James B. Walker, John Barber and Bela Hubbard, (Sec'y.) It is gratifying to perceive that every step thus far taken has been in accordance with the views of the Association of Medical Superintendents of Institutions for the Insane, as expressed in the twenty-six propositions on the construction of Hospitals. This encourages the hope that the Board will carry out the enlightened course thus far pursued, in all its details, the most important of which doubtless is the early appointment of a medical head, qualified by actual experience in the care of the Insane, and the management of Insane Hospitals, whose skill and experience shall aid in the selection of the site, and plans for the building, and who shall superintend its construction.

*Second Annual Report of the New York State Asylum for Idiots, made to the Legislature Feb. 10, 1853.*—The report of the Superintendent, Dr. Hervey B. Wilbur, is highly interesting. The first year in the history of the Asylum has passed, and with very satisfactory results. The number of pupils has nearly doubled; every judicial district is fully represented, and the whole number allowed by law, have for some three months, been in constant attendance.

Three persons only of those received during the year, have been sent away, after a residence of some time at the Asylum, and a fair trial. One was consumptive, and died but a few weeks after leaving. Another was a marked case of hereditary insanity, while the third was afflicted with chorea, that rendered him entirely unfit for instruction and discipline.

The necessity of increasing the appropriation for this excellent institution, and the propriety of affording means for purchasing a site and erecting appropriate buildings, are ably dwelt upon and explained by the managers and Dr. Wilbur. We rejoice that the application has been successful, and that the sum of twenty thousand dollars has been set apart for these purposes, with directions that sixty-four pupils be received at the expense of the State.

*Goitre and Cretinism.*—M. Chatin has communicated the following curious fact to the Academy of Sciences.

Fully and Saillon are two contiguous villages, situated in the middle of the vineyards, which extend along the right bank of the Rhine. All the population of Fully have goitre, and a great number are cretins. Saillon, on the other hand, is noted for the health of its inhabitants, goitre

is rare and there are no cretins. The contrast is remarkable, since the villages are in every respect alike as to altitude, exposure and air.

During the last few years, however, Saillon is losing its reputation. Goitre and cretinism are rapidly on the increase. According to the observations of M. Moulin, President of Saillon, this dates from the period when the Commune turned the water designed for the village, from the lower part of the stream Salente, to the place where this falls in cascade from the glaciers of the mountain. Between these two sources there flows a thermal spring, which also throws itself into the water, and forms one sixtieth part of the mass.

According to the analysis of M. Chatin, it appears :

1. That the water first noticed as turned into the general mass and which comes from above the warm spring, is destitute of iodine. This is also the condition of the water used at Fully, and indeed in most of the villages of the Valais.

2. That the water formerly used, taken from the cascade or torrent, has more of iodine in it than the water drunk at Paris.

3. That the waters of the thermal spring are highly iodized, containing at least one sixteenth more of iodine than the waters of Paris, and also of that of many countries in which goitre is unknown.

The inferences from these facts seem to prove :

1. The existence and nature of a local cause for goitre and cretinism.

2. The possibility of introducing iodized mineral waters as a prophylactic of these diseases in the alimentary regimen, not only of men, but also of animals that produce milk.—*Journal de Medecine et Chirurgie*, May, 1853.

*Upon the Morbid Desire to Kill*, by Don Raimundo D. Y. Correa.—(We select the following for several reasons—because it is by a Spaniard, and because it seems to us as bringing prominently forward several points in aid of the settlement (if ever it shall be settled) of this terrible question. Witness a late case, where the jury acquitted a seduced female of the crime of murder, on the score of insanity, and the next moment the judge gave her a free discharge, because he could see no proof of insanity. The article itself purports to be taken from the *Gac. De Madrid*, and may be found in the *Medical Times and Gazette* of January 29, 1853, and we can hardly gather from it what portion of it belongs to the author or to the translator.)

The author commences with a eulogy on Esquirol's work on Homicidal Monomania, 1837, and quotes examples from Pinel, Marc, Gall and Mende. These show the existence of a partial delirium, whether

in the form of a fixed idea or an excited sensibility, extravagance in the passions, or error in judgment. In every instance there has been disturbance of the mind, and hence the words addressed by an advocate to Dr. Marc, upon the occasion of a trial of simple barbarity. "If monomania be a disease, its cure is upon the scaffold." The following bit of legal blood-thirstiness also merits being handed to posterity: "Your so called homicidal monomania is an hypothesis, a modern and convenient invention to shield the guilty, and to withdraw them from the power of the law."

The author proceeds to say, that from the works of Magendie and other physiologists, he can prove that there are certain powers in man, which drive him in a definite direction, without his possessing a will sufficiently strong to offer opposition. These powers, which can be reduced to four, reside in the corpora striata, the cerebellum, the crura cerebri and the medulla oblongata. Injuries to these parts in animals, cause different involuntary movements, and the author concludes therefrom that there are in man different impulses stronger than the will. Governed by these impulses, the homicidal maniac commits his crime.

A man who commits murder upon a false idea, with powerful impulse, should be considered as suffering from disease in the same part of the brain. Now we can not see the application of Magendie or Flourens' experiments to the elucidation of psychical disturbance, nor comprehend why, upon division of the crura cerebri, the injured and dizzy animal rolls over and over. We have before complained with justice of the gross ignorance of morbid anatomy displayed by the generality of "mental physicians" in all countries, and we think it hard to refute statements made upon no foundation whatever. The examination of the bodies of criminal lunatics does not confirm in any one point the loose assertions of Dr. Raimundo. Neither the corpora striata nor the crura cerebri are often found in an abnormal condition; the cerebellum is for the most part, natural in structure; the medulla oblongata unaltered, except that the membranes covering it become thickened, when other parts of the encephalic coverings have undergone a similar change. We have no ground whatever for asserting that these parts are essentially the seat of morbid actions during life. The cause of insanity is to be sought for in a source deeper than that supposed by those philosophers of a somewhat materialistic school. The author endeavors for judicial purposes to found a differential diagnosis between the maniac and the responsible culprit, both of whom have committed murder.

## HOMICIDAL MONOMANIA.

The person is one of weak constitution, of nervous excitable temperament, irreproachable character, working in business for the immediate necessities of life.

The monomaniac is alone.

The maniac kills without interest or passion, without motive, making that man an offering who may be unfortunate enough to meet him.

The maniac disdains to fly, and often gives himself up to justice; he often details the particulars of his act, and seeks punishment more than pardon.

We doubt if these aphorisms will stand their ground as unerring tests in this difficult question. The records of the criminal department of Bethlem Hospital would point to many an inmate imprisoned for murder, whose constitution was good and frame powerful and muscular. Many a criminal has had sufficient nerve to take life alone, unassisted by others; even the last who forfeited his life in the Metropolis fell under this class. Should we be justified in asserting that he was mad, because he was *alone* in his wife's chamber when he cut her throat?

Again, the maniac mostly takes life, not by chance or hazard, but in obedience to a fixed, though erroneous idea, sometimes in sudden passion. Who can at all times either discover or appreciate motives? Jealousy, hatred, or revenge, carefully guarded from public notice, would, but for the Law, impel many a ruffian to gratify his passion at the cost of another's life.

The maniac does not always disdain to fly, and can even argue cleverly in his own defence. But what can be said of that class of offenders whose lowly-organized and ill-directed minds are equally under the influence of both fear and evil passions? Place them under restraint, they behave respectfully and with decency, give them liberty and passion soon regains the mastery. Can any aphorisms comprehend the anomalies of this class? We believe not. Each case must be determined by circumstances elicited at the trial, and by the opinions of those in whom the responsibility of the judgment rests.

## CRIMINAL MURDER.

The criminals are mostly persons of strong constitution, sanguineous or choleric temperament, bad education, given to idle courses, and occupied in immoral pursuits.

The criminal is rarely alone; has usually accomplices to share the booty.

The criminal has a motive; has some passion to gratify, and selects his object accordingly.

The criminal withdraws from observation; tries to mislead the judge; to cast suspicion on others, and to do his best to avoid punishment.

*Predisposing Causes of Idiotism and Imbecility.*—Dr. Moreau, of Tours, (See Vol. 9, P. 78,) read a Memoir on the above before the Academy of Medicine at Paris. The following are extracts from it.

Hereditary causes are the true origin of idiotism. They originate those vices or imperfections of organization, that are incompatible with

the regular exercise of the intellectual functions. Dr. Moreau's researches extended to 56 cases, and the relatives of these 56, presented the enormous cipher of 132 pathological conditions, to which the hereditary influence could be referred. Mania, in the form denominated ly-pemania is the most common hereditary source of idiotism. To these, succeed drunkenness, epilepsy, hysteria. In the collateral lines, we find, in the order of frequency, convulsions, idiotism, scrofula, apoplexy.

The hereditary influence extends equally on the father and mother's side. It is more frequent from grandfather than grandmother. It is transmitted more commonly by the male than the female, in the proportion of 53 to 37. Dr. Moreau presents the following results.

1. Idiotism is produced by hereditary causes, in absolutely the same manner, as insanity, epilepsy, hysteria, and other nervous diseases are.

2. All our therapeutical efforts should be directed to a modification of the nervous system, as opposite as possible from the conditions that have originated the affection. Without undervaluing the value of education, and which he calls a species of intellectual gymnastics, Dr. Moreau is of opinion, that above all, we should endeavor to renew (*repair*) the moral, by modifying its organic state. Thus, changing, by a species of renovation, the vicious tendencies which the hereditary predispositions have produced.—*Bulletin De L'Academie Nationale De Paris, October 26, 1852.*

*Lunatic Asylum, Blackwell's Island.*—The overcrowded state of this institution, having 170 more patients than the building affords accommodations for, has compelled the Governors of the Alms House, to pass a resolution refusing admission hereafter to emigrant lunatics, and requiring the Commissioners of Emigration to remove all the inmates, 175 in number, who are chargeable to them.

*Dr. Winslow's Journal of Psychological Medicine and Mental Pathology.*—We have received through Dr. Butler, of the Hartford Retreat, who has recently returned from a visit to Europe, a complete set of this Journal, with an engraved portrait of its distinguished Editor, We have sent in return an entire set of the American Journal of Insanity.

We have received an obituary notice of the late Dr. FRANCIS BULLOCK, Resident Physician of the Kings County Asylum for the Insane, too late, however, for the present number.